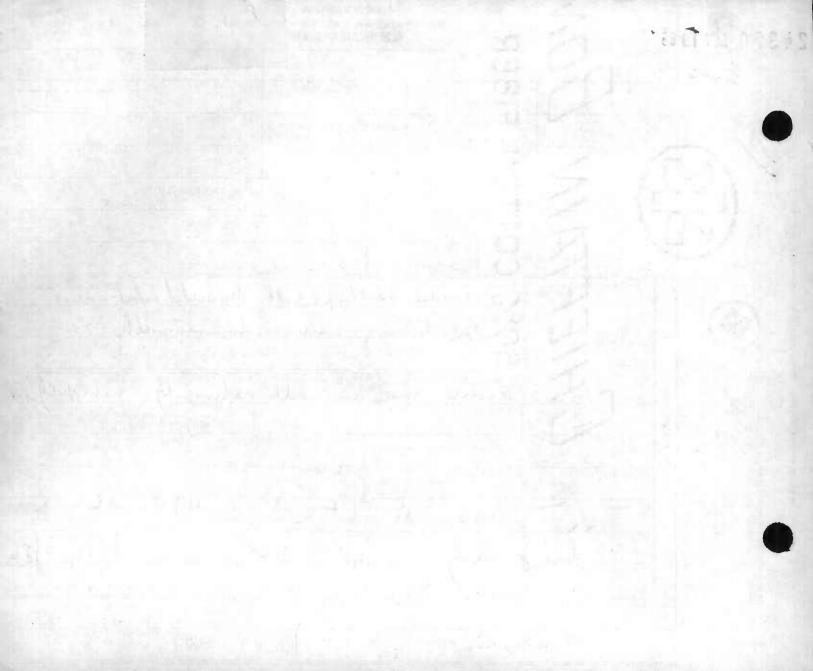
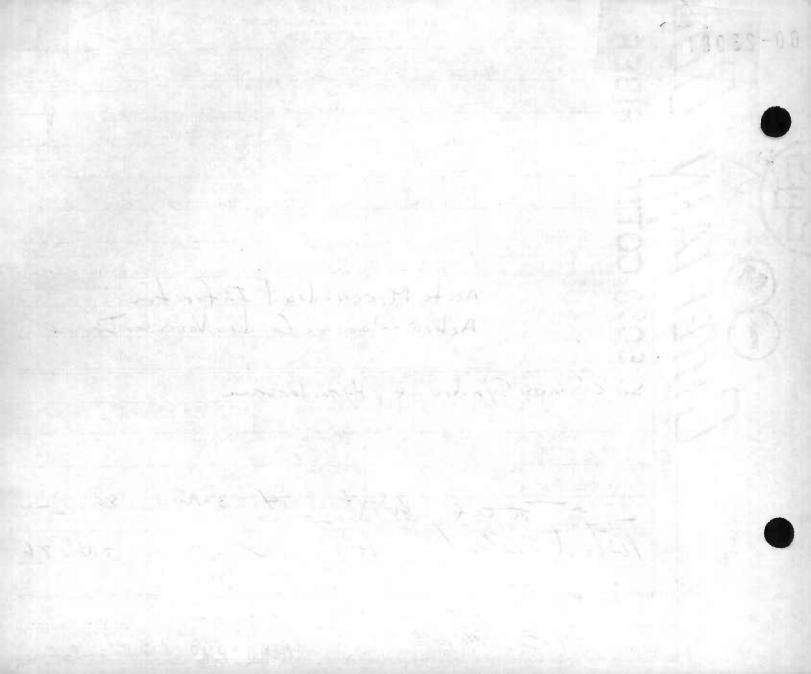
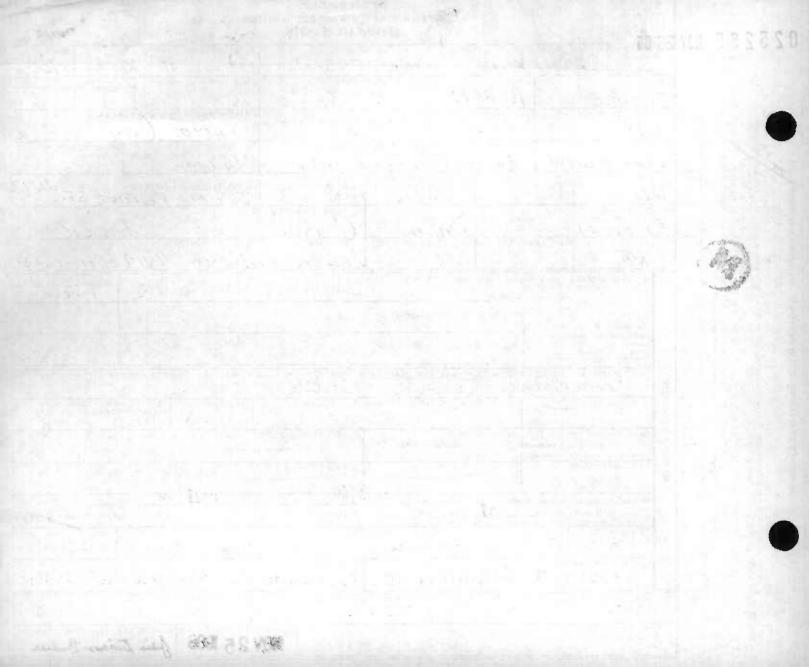
Singleton Funeral Home

(VRA 15, 4)





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			urial, cremation, removal BURIAL		23c NAME OF CEMETERY OR C	CREMATORY	BSTTON.	COUNTY	m d'e
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Page 1	60	a. Bi	RTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH COUNTRY)
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d with	1/2		FIRST MIDDLE LAST FIRST MIDDLE LAST
A state of	10		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SQUAL SECURITY NO. 17. INFORMAND ADDRESS SQUALS SQUALS SCURITY NO. 17. INFORMAND ADDRESS SQUALS SQ
OW TO THE STATE OF	med	{	resino or unknown) (IF YES, GIVE WAR OR DATES) Helen B. Aragona - #13
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re death cert	town		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which  (b)  (b)
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DIVISION OF VITAL NG PHYSICIAN The othership physician the this certificate is as the burnal roams.	E/1	1000	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
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NVIS POSTER THE	po l	×	WHILE NOT WHILE AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
NO O O O	in mo		220.1 certify that (II)(this hospital) attended the deceased from
ATT A TT OUT OF THE CT OF	23		saw the deceased alive and the hour and from the couses stated obove. (I) (we) ideal (and no) view the body after death.  DEGREE  220. DATE SIGNED
AL DIS	FT. # 196		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN (1/12/86)
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54 541	31	23o. E	BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR THEN COUNTY
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ge 4 mg	3. SE	Male	4. RACE Whi	te	5. DATE OF	DAY	YEAR 1925	6. AGE (IN YEA	61	YRS.	FUNDER I YEAR	HOURS	MIN.
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11 8/1	10. ⊂	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OTHER INSTIT	UTION	12a. USUAL OC			12b. KIND C	F BUSINE	ESS OR
户。 超为工	1	GLEN BURNIE	NORTI	H ARUNDEL	HOSPIT	AL		Mechar			Dove11	L& Wi	11ia
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and and and	V	Julius	W.	Arndt	. Sr.	Nina	:51		nn			fmar	)
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ficote fronsition fron		OR CONTRIBUTING CAUSE OF	Lu Maria .	.M. MONTH D	AY YEAR	II. HOW INJU	IRY OCCUR	RED (ENTER NATU	RE OF INJURY IN	NITEM 18 PA	RT I OR PART 2)		
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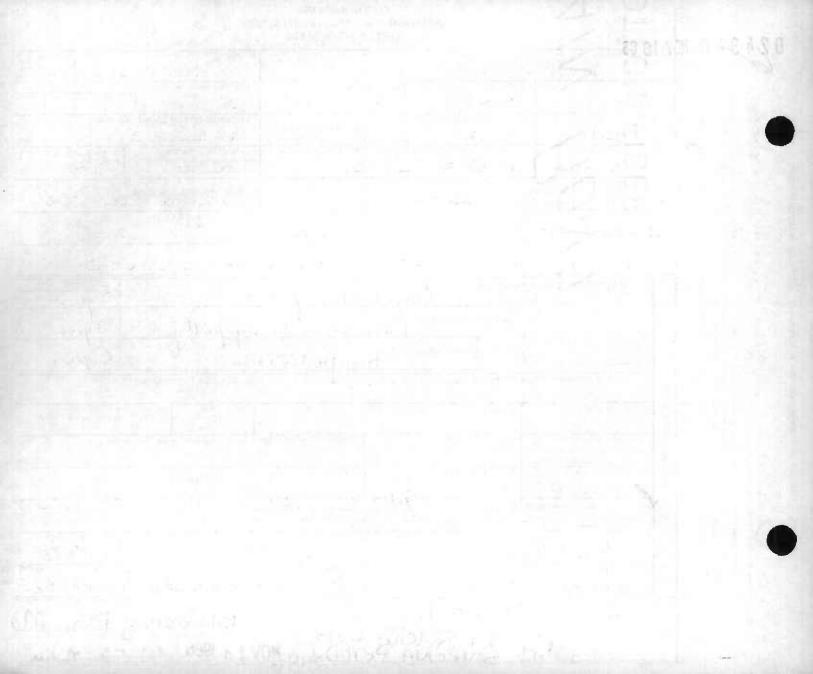
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he law re an. has beer t permit. ene prior	7	CERTIFICATION	198 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION W	AS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF	
IYSICIAN: The ding physician is certificate he burial-transit p. Mental Hygien	7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MON	NTH DAY YEAR	HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I C	OR PART 2)	
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pitol pitol TOR for u			saw the deceased alive above (1) (y ) (did) (di	an bady after deat	19, and th	at in (my) (a apinion	death accurred an the de	ate and hour and	fram the caus	ses stated
OR A e hos DIREC oched Dept.			774 SIGNATURE	10	DEG				22c. DATE SIGI	NED
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5 p 2 s 3 ₹		23a. B	URIAL, CREMATION, REMOV			TERY OR CREMATORY	23d LOCATION	A COLL	DMY	STATE
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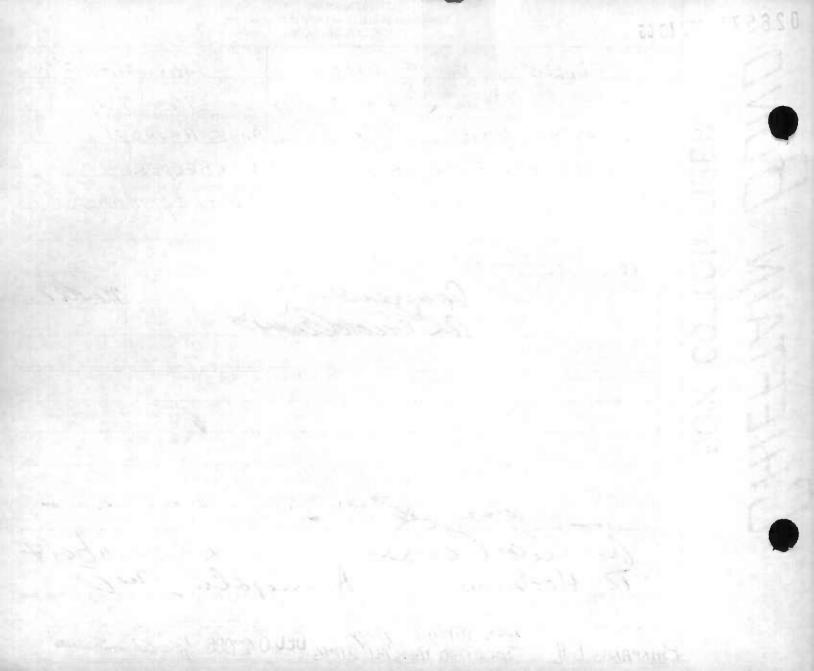
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Z NOV 2		DREGISTRAR	CERTIFICATE OF DEATH  REG. NO.
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11600	INT		11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b KIND OF BUSINESS OR
<b>福州</b>	17	NNAHOLIS	Anne Arundel General Hospital Homemaker Home
	USU	AL RESIDEDICE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
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26	JA.F	THER'S NAME	15. MOTHER'S MAIDEN NAME
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100	160. V	VAS DECEASED EVER IN U.S. ARA	Stephens Unknown Stevens  MED FORCES? [16] SOCIAL SECURITY NO. 17 INFORMANT ADDRESS SCHOOLS
9/	13		VE WAR OR DATES)  16. SOCIAL SECURITY NO. 17 INFORMANT  VE WAR OR DATES)  16. SOCIAL SECURITY NO. 17 INFORMANT  ADDRESS  Same as  H. S. 31L 08/ 3 Table 18
2/	-	110	ALD-24-10021008 by 1. DOWN WITH THE WATER OF THE BOAT
1		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  D BY:
4		IMMEDIATE	TE CAUSE (a) / 140 ( ardival + nfavorion.
o to			DUE TO, OR AS A CONSEQUENCE OF
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		THE EL CHIER DIG. THE PETET C	
injur.	NO	The state of the s	
any injury	CATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED
untui Auto sand	TIFICATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
8 Moles ony injur	CERTIFICATION		TIN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
The section of the se	AL CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEAT	TIN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
men (8 MGAs ony mium	AL CERTIFICAT	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  (IF EITHER, NOTIFY MEDICAL EXAMINER)	TIN CERTIFYING CAUSES OF DEATH?  YES NO YES NO YES NO
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1-0° M	1.	FOR STATE REGISTRAR	DEPAI	TMENT OF HEALTH AND N CERTIFICATE OF D	Car Car	30279
TU NU		COASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	
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Ď ě	3. SE	x	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	
	F	emale	Caucasion	May 26, DAY 19	001 <sup>YEAR</sup> 85	MONTHS DAYS HOURS MIN.
8		RTHPLACE (STATE OR FOREIGN COUNTRY) Ennsylvania	76. CITIZEN OF WHAT COUNTR U.S.A.	MARRIED   NEVER M	ARRIED .	R COUNTY OF DEATH
10	10. C	ortown of Death everna Park	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INST		ON 12b. KIND OF BUSINESS OR
36	M	al residence (if nursing home or state 13b. COUN A.A.		7	TY LIMITS? 130.STREET ADDRESS / 480 Sever	ZIP CODE nside Dr. 21146
2		ohn Presley Gra	MIDDLE LAST		MAIDEN NAME  FIRST, MIDDLE  MINA	Fant LAST
/		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b SOCIAL SE 213-74-		M. Sanchez Same	
njury, or other troum	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSECT  (b)  DUE TO, OR AS A CONSECT  (c)  CONDITIONS CONTRIBUTING TO	Johanni (	news in to the TERMINAL DISEASE OR CONE	Syeva.  Syeva.
9	CERTIFICATION	19a DATE OF OPERATION		HOPERATION WAS PERFOR	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
rked or Irem 16 shows	MEDICAL CE	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETIHER, NOTIFY MEDICAL EXAMINER 210. INJURY OCCURRED NORK NOT WHILE AT WORK	TH HOUR A.M. MONTH	19 21f. LOCATIO	URY OCCURRED (ENTER NATURE OF INJUR  N  CITY OR TOV	
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IMPORTANT: IF		22d. PHYSICIAN'S NAME (TYPEOI G-67 AR2 17 URIAL, CREMATION, REMOVAL	CHURCH	17e. ADDRESS NAME OF CEMETERY OR CF	Even baben	An Sevenun Pink 2



DEATH 11. NAME  LLE FA  UNDESTINE HOME OF OTHER INSTITUTE  MIDDLE  VER IN U.S. ARMED FORC  (IF YES, GIVE WAR OR DATE	HITE N OF WHAT COUNTRY  AS A  LE OF HOSPITAL, NURS TIN SUCH FACILITY, GIVE STREE  TUTION, GIVE RESIDENCE BEFORE  131. CITY OR TO!  AST  BUTLEY  165.  166. SOCIAL SEC	CERTIFICATE  BAH  S. DATE OF BIRTH  MONTH  APR  WIDOWED  ING HOME OR OTHE  ET ADDRESS!  PAUNDE  ORE ADMISSION!  NY  13d. IN  YES  15. MC	PES  1 YEAR  3 1890  IEVER MARRIED DIVORCED DER INSTITUTION  L NSG. CF.  SIDE CITY LIMITS?	REG. NO.  20. DATE OF DEATH  6. AGE (IN YEARS LAST BIR  9. BALTIMORE CITY OF PARTY OF WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR WORK FOR WORK FOR WORK FOR WORK FOR WO	MONTH DAY  VOV , 26  THDAY) IF UP  MONTH  ON PRECOUNTY OF  RUND F  ON PRECOUNTY OF  RUND F  ZIP CODE  ZIP CODE  B  B  B  B  B  B  B  B  B  B  B  B  B	NOER I YEAR IF UNITED BY STATE OF STATE	DER 24 MRS. S MIN.
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ORFOREIGN 76 CITIZEN  RSEY  DEATH 11. NAME  (IF NOT  FA 1)  HURSING HOME OR OTHER INSTITI  113b COUNTY  MIDDLE  VER IN U.S. ARMED FORC  (IF YES. GIVE WAR OR DAT	N OF WHAT COUNTRY  (1 S A  (E OF HOSPITAL, NURS T IN SUCH FACILITY, GIVE STREE  (13). CITY OR TO  (14)  (14)  (15)  (16)  (16)  (16)  (16)  (16)	S. DATE OF BIRTH MONTH APR.  WIDOWED MING HOME OR OTHE ET ADDRESS  DRE ADMISSIONI WN LOCATION 13d. IN YES 15. MC	JEVER MARRIED DIVORCED ER INSTITUTION  L NSG. CH.  SIDE CITY LIMITS?  THER'S MAIDEN NAA FIRST  JOANNA	9 BALTIMORE CITY OF PARTY OF WORK FOR MOST OF BOOK K.E.	THDAY)  FOR COUNTY OF  R UN D  FOR COUNTY OF  FOR COUNTY OF  R UN D  FOR COUNTY OF  FOR COUNTY OF  R UN D  FOR COUNTY OF  FOR COU	NOER I YEAR IF UNITED BY STATE OF STATE	DER 24 HRS
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DEATH 11. NAME  LLE FA  UNDESTINE HOME OF OTHER INSTITUTE  MIDDLE  VER IN U.S. ARMED FORC  (IF YES, GIVE WAR OR DATE	E OF HOSPITAL, NURS IT IN SUCH FACILITY, GIVE STREE  FFED  TUTION, GIVE RESIDENCE BEFORE  131. CITY OR TO!  OFFEN  LAST  BUTLEY  166 SOCIAL SEC	MARRIED NO WIDOWED NO THE ET ADDRESS)  PRE ADMISSIONI WN 13d, IN YES 1	DIVORCED CER INSTITUTION  NSIDE CITY LIMITS? NO CONTINUE STATE OF THER'S MAIDEN NAME FIRST  JOANNA	PANE A  12a USUAL OCCUPATI LIVE OF WORK FOR MOST OF  BOOK KE  13e STREET ADDRESS  WE 5+ LE  MIDDLE	PUNDE PEPER II	Anok  Batten	MD.
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ATH (Enter only one cours	V38-03	-1782 D	oris Hunts	man Sev	verna Pa	rk, Md. 21	
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use last.	(c)						
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RATION 19b. C	ONDITION FOR WHIC	H OPERATION WAS	PERFORMED	20g AUTOPSY?	1206. IF YES, W	ERE FINDINGS II	SED
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			CEASED NAME	FIRST		MIDDLE		LAST	2	a. DATE KNOW	N MON	TH DAY	YEAR	2b. HOUR
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	PLEASE ECTOR. ? FILES. HOURS STREET,	3. SE			5. DATE OF BIRTH	6. AGE (IN	YEARS IF UI	DER 1 YR. IF UN	DER 24 HRS. 2	C. DATE	MONT		YEAR	2d. HOUR
	DIFECTOR. DIFECTOR. OUR FILES. 177 HOURS ON STREET,	Me	le Cauc	asian	October	0 5006	YRS.	HS DAYS HOUR	MIN. P	RONOUNCED DEAD	1.	1. 5	19 86	12:35
-	SA SE		IRTHPLACE (STATE OR DREIGN COUNTRY)		76. CITIZEN OF W	HAT COUNTRY?	8 MARR	IED NEVER M	ARRIED [ 9	BALTIMORE CI	TY OR COL	INTY OF C	HTAS	
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/	A B B B B B B B B B B B B B B B B B B B	2	ITY OR TOWN OF DEA	ATH	(IF NOT IN SUCH F	SPITAL, NURSING HOA	5)		12a USUA FOR MC	AL OCCUPATION  OST OF WORKING LIFE	(TYPE OF WOR	IK 12b KIN	ND OF BU	
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9	777000		ATHER'S NAME		MIDDLE			IS. MOTHER'S M.						
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N. A.	/	У	res	Vietr	am	273-50-19	51	Janis P.	Balla	rd	same	as 1	.3e	
12	CONT.		18 CAUSE OF DEAT PART I DEATH W	H (Enter only	RV.	e for (o), (b), and (c).)			-			AF BETV	PROXIMATE	INTERVAL AND DEATH
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DIVISION OF VITAL	STEICATE SHOULD IG THE WORD."PE TO THE CHIEF A HOULD BE USED. ARTMENT OF HEL	HE HE						118467		3.32			ES K	NO 🗌
Ö	THE W		UNDERLYING		11b. TIME C	OF INJURY M. MONTH DAY YE.	AR 21c. H	OW INJURY OCCL	RRED (ENTER NA	ATURE OF INJURY IN ITE	M 18 PART I OR	PART 2)		
O.	SE S	MEDICAL	CONTRIBUTING	CAUSE OF DE		OF INJURY (AT HOME,		river in	auto/ti	cuck imp	act			
Ž	S CER RDED 3E 3 S	A H	WHILE NOT AT WORK	WHILE T	STREET, FAC	CTORY, FARM, ETC.)		CATION STREET		CITY OR TOWN		COUNTY		STATE
	THIS WAR PAGE	134	AT WORK AT W	ORK	st	reet	Rt			Crownsv	ille,	A.A.	CO, N	1D.
	EXAMINER: THIS CERTIFIC CERTIFICATE, WRITING TH JUD BE FORWARDED TO I DIRECTOR: PAGE 3 SHOU J, WITH HE STATE DEPART MARYLAND 21201 PRIOR	4	22a. I certify that I	I taak charge	of the remains de	scribed above, held an	Autop	Inspe	ction .	Inquiry ,	and in my	opinion		
		4	death resulted from	: Natura	l causes 🔲,	Accident X	ovicide	, Hamicide L		mined monner				
	MEDICAL EXAM LUTE THE CERTIF E. UTE THE CERTIF E. A SHOULD BE R. DEATH, WITH MORE, MARY		ACTUAL	//		1		TITLE (SPECIFY	nt		DA1	re 1	1/6/8	26
	SHA SEAT	3	SIGNATURE					(.D. 210020 CC	MEDIC	AL EXAMINER	SIG	NED	1/0/0	
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MCZ	DHMH - 17		UNERAL DIRECTOR	K.a		000 Annapol		au	TE REC'D. BY R		REGISTRAR'	SSIGNATI	URE	
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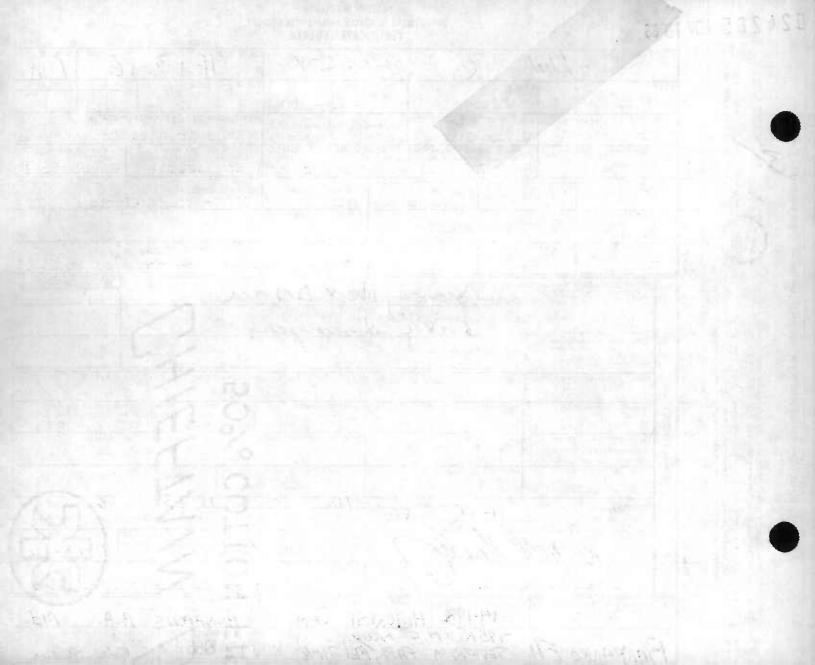
Joseph F. Baller, r. one A. Dens S. Saller V. Saller S. Saller S.

Crimetion llov 9 1 do Metropolican Dremton Limits, Virelain V (16000 Annepolic Ross Benil Fancral Home Bowls, Mercland William 1985 Mr.

24285 NOV	18	86-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE S S S S S S S S S S S S S S S S S S
		DEC	EASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20. HOUR
noy be poge 3			OR PRINT) Edu	und Milton BavisSr Nov 11, 1986 8:00A
ffer p		3. SE)		4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IPUNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR MONTHS DAYS HOURS MIN
ge de cro		1	nale	(1) hite Aug 14, 1899 87 YRS.
2,342	-		THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
\$/ XE TE	5	m	aryland	WIDOWED DIVORCED Anna Arundal
X 7 1 10	2	10 CI	Y OR TOWN OF DEATH	
= #2 # C	0	0	and a lie	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY COLUMN  (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY COLUMN  (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY COLUMN  (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY COLUMN  (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY COLUMN  (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY COLUMN  (TYPE OF WORK FOR MOST OF WORK FOR MOST OF WORKING LIFE) INDUSTRY COLUMN  (TYPE OF WORK FOR MOST OF WORK FOR WORK
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D 2 4 ho 4 ho 4 ho 4 ho	41	13a. S	TATE 13b. CO	DUNTY 13 CITY OF TOWN 13d INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE 21403
AN Fill	2	1	NID I	TH Horapolis YES NO & 525 Tayman Drive
RYI # #	7	14. FA	THER'S NAME	MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST, MIDDLE LAST
W P ES OF	0		James	T. Bavis   Edith Love Kick
ORE, xecut md co ges 1	1		AS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Same as
BALTIMORE, MARYLAND  rear be executed within 24  men and completely filler  per 3. Pages 1 and 3 should  you.  nt, the medical examples may	71	{ Y	ES, NO O UNKNOWN) (IF YES,	577-16-0155 Virginia A. Bavis - #13
ALT b b c s c s c s c c c c c c c c c c c c	_ F		18 CAUSE OF DEATH (Enter	r anly ane cause per line for roy (b), and (g, 1)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			PART I. DEATH WAS CAU	USED BY:
Z SI		21	IMMED	DIATE CAUSE (a)
W. PRESTON ST of the deribe of the off the cremation, or rem			C for it	DUE TO, OR AS A GONSEOUENCE OF CHOSE TIME heavy Jouline
RESTO			Conditions, if any, which gove rise to immediate	(b) County of March 100000
A. P			cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF
201 ned by pleos uriol, , or o'				(c) ISCHING CONDITION DOWN
DIVISION OF VITAL RECORDS, 2  NG PHYSICIAN: The low requires that this certificate harb been signe of the buriol-transit permit. Then p th and Mental Hygiene prior to bur orked or, them 48 shows ony injury, or		NOI	PART 2 OTHER SIGNIFICAN ACCUMENT	NI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO
low low s beer a price only s only s	5	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
Al he the sit per sit		F	P. L. V. MOLE	YES NO YES NO
VITA NN: TI hysici icote icote ronsii Hygi	2		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	The state of the s
HYSICIA ading ph nis certifi buriol-tr Mentol	7	CAL	(IF EITHER NOTIFY MEDICAL EXAMIN	DEATH
HYS ndin d Mes d Mes		MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY  LATHOUF SIDER FACTORY OFFICE FARM FILE)  STREET CITY OF TOWN COUNTY STATE
VIS G P onter the		٤	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  STREET CITY OR TOWN COUNTY STATE
Africa Se o		M	220.1 certify that (1) this has	ospital) attended the deceased from 125, 1982, to 111, 1986, that (1) we) la
TEN stell of He		П		on 17 19 00, and that I (my) (aur) opinion death accurred an the date and haur and from the causes stated
REC SEC Pet. opt. opt.		Н	above, Vijwe) (did kdid	nay view the body after death.  DEGREE 272. DATE SIGNED
the I Die stock to be De De		М	Men C	ATTENDING MEDICAL STAFF (1)1/2/
SPITAL d by 1 JNERAL J be de he Stort	-		22 DAVSIC MAN'S NAME IN	PHYSICIAN DIRECTOR PHYSICIAN
OSP Led Lab A the			Usams	De Comment of Didago, and August of
TO HOSPITAL of the property of the state of	/		(Bulay 6	1 AMARCIOS 200 allegery Not MUNICIPION
F 2 F 5 7 2		23a. B	URIAL, CREMATION HEMOV	AL 216 DATE 236. NAME OF CEMETERY OR CREMATORY 218 LOCATION COUNTY 21/46
BP		(	remation	Nov 12,486 Codar Hill Suitland P.G. MD
DHMH - 16 60M 7/8	84	24. FU	NERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR'S SIGNATURE
(VRA 15, 4)		To	ylor Funen	al Chapel Hongpolis, MU NOV 1 4 1986 Julia Diriam Rules
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STATE OF MARYLAND

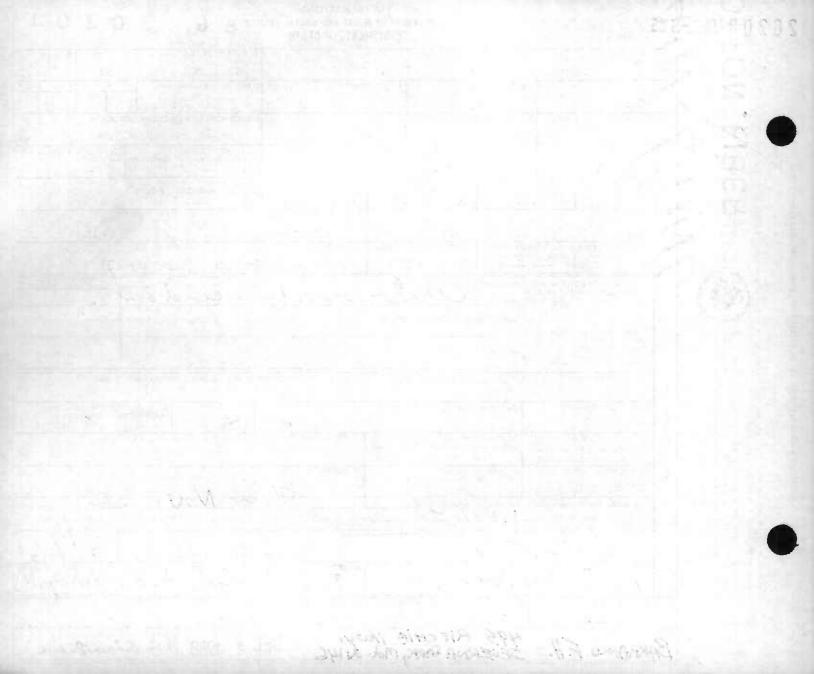
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	moy be r, page 3 iter death	ge 4 moy be rector, poge 3 urs ofter death	To Decrete the state of the sta	REGISTRAR  I. DECEASED NAME (TYPE OR PRINT)  3. SEX  Male  7a. BIRTHPLACE (STATE OR FC COUNTRY) England  10 CITY OR TOWN OF DEAT Annapolis Md.  14. FATHER'S NAME FIRST Patrick  16a. WAS DECEASED EVER II NO  18 CAUSE OF DEATH PART I. DEATH WA	REGISTRAR  I. DECEASED NAME (TYPE OR PRINT)  3. SEX  Male  76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) England  10 CITY OR TOWN OF DEATH  Annapolis  USUAL RESIDENCE (IF NURSING HOME OR IT) 136. STATE  Md.  A.A  14. FATHER'S NAME FRST Patrick  160. WAS DECEASED EVER IN U.S. ARR (YES. NO OR UNKNOWN)  18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED  18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED	REGISTRAR  I. DECEASED NAME (TYPE OR PRINT)  3. SEX  Male  White  To. BIRTHPLACE (STATE OR FOREIGN COUNTRY) England United  10. CITY OR TOWN OF DEATH Annapolis Anne  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136. STATE PATRICK  14. FATHER'S NAME FIRST PATRICK  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)  16. FYES, GIME WAR OR DATES) NO	REGISTRAR  1. DECEASED NAME (IVPE OR PRINT)  3. SEX  Male  White  70. BIRTHPLACE (STATE OR FOREIGN OF LITIZEN, OF WHAT COUNTRYS)  England  United States  Annapolis  Annapolis Anne Arundel  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORM  ISO, STATE  136. COUNTY  Md.  A.A.  Annapolis  First  Patrick  J. Begley  166. SOCIAL SECTIVES, NO OR UNKNOWN)  IF YES, GIVE WAR OR DATES)  18 CAUSE OF DEATH (Enter only one couse per lipe for 10), (b), of PART I. DEATH WAS CAUSED BY:	REGISTRAR  I. DECEASED NAME (TYPE OR PRINT)  3. SEX  Male  Mite  Month  Month  Marked  Marked	REGISTRAR  1. DECEASED NAME (IVPE OR PRINT)  3. SEX  Male  White  White  OP - 19 - 1904  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  England  United States  Widowed Divorced (If no Institution, Give residence before admission)  10. CITY OR TOWN OF DEATH  Annapolis  Anna A.A.  Annapolis  Ma. A.A.  Annapolis  Marry  136. COUNTY  Md. A.A.  Annapolis  Marry  168. Was deceased ever in u.s. Armed Forces?  Patrick  J. Begley  Marry  169. SOCIAL SECURITY NO.  180. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c.))  PART I. DEATH WAS CAUSED BY:	REGISTRAR  1. DECEASED NAME (TYPE OR PRINT)  3. SEX  Male  White  White  White  MARRIED  MARRIED  NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  Fingland  United States  Mane Arundel General Hospital Engi  Mannapolis  Anne Arundel General Hospital Engi  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE STREET ADDRESS)  MARRIED	REGISTRAR  I. DECEASED NAME (TYPE OR PRINT)  3. SEX  4. RACE  5. DATE OF BIRTH  MONTH  DAY  YEAR  OP - 19 - 1904  82  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  England  United States  Whowed Developed Divorced  Anne Arun  (If NOT INSUCH FACILITY, GIVE STREET ADDRESS)  Annapolis  Ana  Annapolis  Will State  Annapolis  Begley  Mary  Begley  Mary  R. Underwood Seve	REGISTRAR  I. DECEASED NAME (TYPE OR PRINT)  3. SEX  Male  White  White  Married  Name of hospital, nursing home or other institution. Give residence Before admission)  I. CITY OR TOWN OF DEATH  Annapolis  Ann	REGISTRAR  1. DECEASED NAME (1996 OR PRINT)  3. SEX  4. RACE  White  Whi	REGISTRAR  I. DECEASED NAME (TYPE OR PRINT)  Male  White  White  S. DATE OF BIRTH  MONTH  OS — 19 — 1904  B. AGE (INTERAS LAST BIRTHDAY)  MONTH  OS — 19 — 1904  B. AGE (INTERAS LAST BIRTHDAY)  MONTH  OS — 19 — 1904  B. AGE (INTERAS LAST BIRTHDAY)  MONTH  MONTH  OS — 19 — 1904  B. AGE (INTERAS LAST BIRTHDAY)  MONTH  MONTH



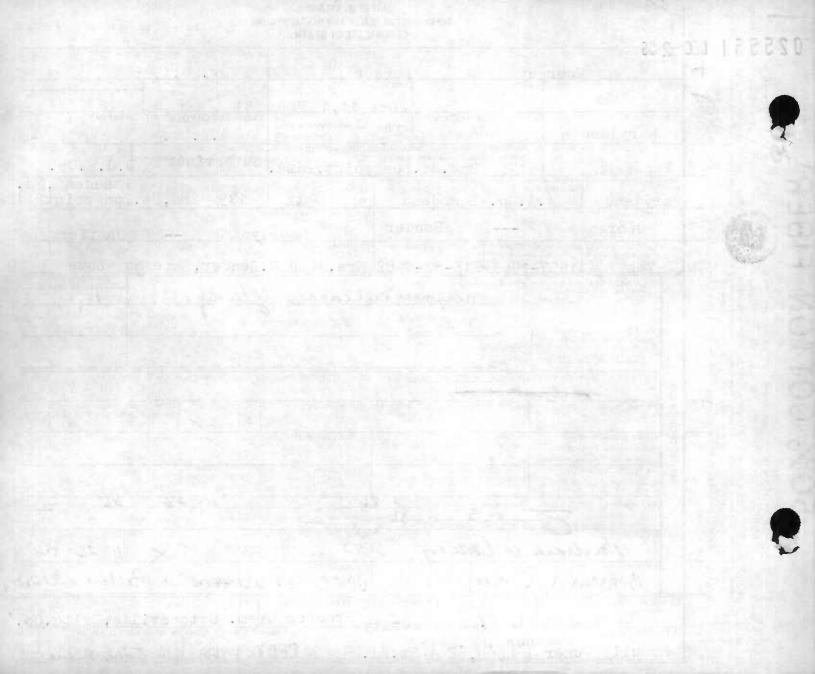
	1		STATE OF MARYLAND
	1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE & O 3 0. 0 0
25371 MAY	2.2	REGISTRAR	CERTIFICATE OF DEATH REG. NO.
20017 11017		CPASED NAME FIRST	MIDDLE LAST 20, DATE OF DEATH MONTH DAY YEAR 26 HOUR
d egg		=  51	e Louise Behlke Nov. 22, 1986 3:45 P.M
4 24	1.58	*	4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
age age		remale	White Horil 25, 1907 19 YRS.
1, 32 45 6	7a B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
	M	Januland	USA WIDOWED DIVORCED   Home Arundel MD.
be promise	14.8	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  120 USUAL OCCUPATION  120 LITYPE OF WORK FOR MOST OF WORKING LIFE   INDUSTRY
a Profile of the second	15	acewater	Measont Living Convalescent Cota Homemaker Home
	130		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  JNTY 136, CITY OR TOWN, 1136, INSIDE CITY LIMITS? 136, STREET ADDRESS / ZIP CODE 21637
Z C	KJ	and the state of t	H. Edgewater YES NOTE 230 Manuland Avenue
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¥ 1 66 6	1	Leavel	L. Grooks Elizabeth Hose
OBE OFF	16a	WAS DECEASED EVER IN U.S. A	EIVE WAR OR DATES!
4 65 E		11/0-	- 212-18-5616 William E. Brown Annapolis MD 21401
BAI coste cope cope cope cope cope cope cope cop	10	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
to do			ATE CAUSE (0) RESPONDENT OF THE WILL IMMEDICATE
PRESTON ST he death cert and an annual cert move cerbor reation, or re-		V 100 -4	DUE TO, OR AS A CONSEQUENCE OF A D A C
RES nove		Conditions, if any, which gove rise to immediate	(b) Vevere Chronic July. Ruphypema years
A 4 4114		cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF
2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			(c)
No of the last of	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
0	A P	Na DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED
The part of	CERTIFICATION		IN CERTIFYING CAUSES OF DEATH?
A the state of the	12	21a. ACCIDENT WAS UNDERLYING	YES NO YES NO YES NO TO THE OF INJURY OF INJURY OCCURRED (ENIER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2)
五		OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH DAY TEAR
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B 20 4 5 5 5		A	entall attended the deceased from 19 86 to MEAR 12 that (I) feetast
TEN STORY		aw the deceased alive o	19 A gould that in (my ) — applied death occurred on the date and hour and from the course stated
F F F F F F F F F F F F F F F F F F F		226 SIGNATURE	of) view the body ofter death.  DEGREE
O # 0 # 0 # 0 # 0		1000 1-1	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN   11-24-86
Pund by Anna Anna Anna Anna Anna Anna Anna Ann	1	220 PHYSICIAN'S NAME (TYPE	OR PRINT) 276. ADDRESS
O HOSPIT Flored by TO FLINER WADGE by WADGETAN		PETER F. VE	DEKOUD 1833 Frost Dr. Annablis hid 21401
5 6 5 4 2 3	23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION
BP	1	Surial	Nov. 251986 Hillcrest Annapolis AD MD
DHMH - 16 60M 7/84	24.5	UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
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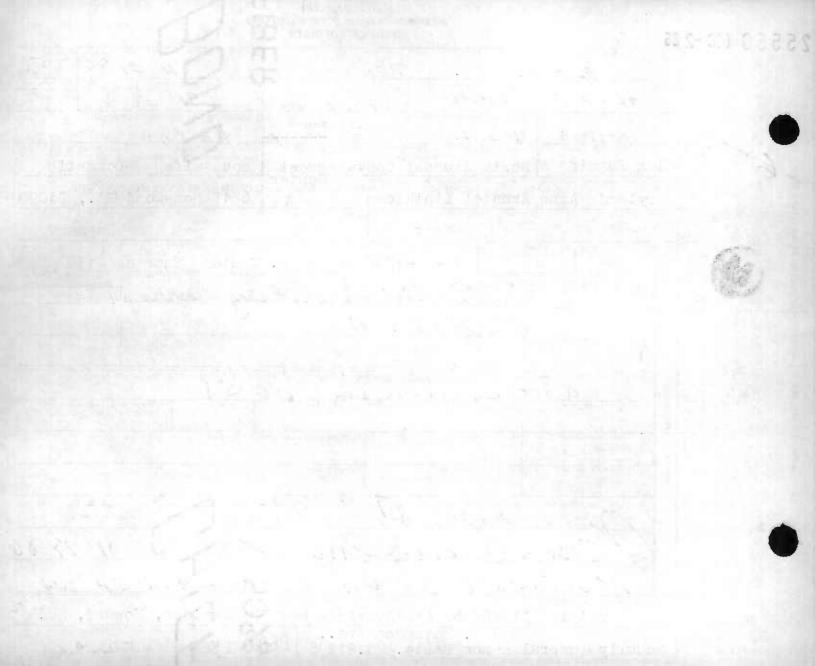
202	n o ner	01	FOR			DEPART		OF MARYLAND EALTH AND MENTAL H	YGIENE Q	6 7	3 0 3	01
707	08 DEC -	) [02	STATE REGISTRAR					CATE OF DEATH	0	REG. NO.	, , ,	
			CEASED NAME	FIRST		MIDDLE	i	AST	20. DATE OF		DAY YEAR	2b. HOUR
9	death death	(TYPE	OR PRINT)	Dorothy	Y	L.	Beile		Nove	mber 30	, 1986	1:30an
Ş	b od .	3. SE	x		4. RACE		5 DATE C		6. AGE (IN YE	RS LAST BIRTHDAY)	MONTHS DAYS	
8 4	of a		Female		Whi	te	Jul			68 YR	S	
4	13121		RTHPLACE (STATE O	R FOREIGN		WHAT COUNTRY?	8. MARRIE	NEVER MARRIED		E CITY OR COUN		
	10-1		Illinois			States	WIDOWE		Ann	e Arunde		MD.
100	11/2/	1	ty or town of di Annapolis		615 Car	nal Lane	ADDRESS)	ROTHER INSTITUTION		FOR MOST OF WORKING	g Life) TVB. KIND ( INDUSTRY HOME	
BALTIMORE, MARYLAND 2120	filled in		AL RESIDENCE (# NU STATE Md.		OTHER INSTITUTION NTY . A.	13c. CITY OR TOV Annapol		138. INSIDE CITY LIMITS'	13e STREET A	odress / zip co Canal La	ne /2140	1
RYL/	認為	14. FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	MIDDLE	LA	AST
WA S	F 6 6 6		Ernest		D.	Wood		Frances	3		Pin	ıg
ORE,	100		VAS DECEASED EVE		MED FORCES?	16b. SOCIAL SECI		17 INFORMANT		ADDRESS		
TIM.			No			291-42-1	.977	Mr. Adam C	. Beiler	(same		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA	signed by the otherwise he had been confined by the otherwise that he please removed that obvious cremations of buries jury, or ather trauman examples.	NOI	Conditions, if or gove rise to it couse (o), sto underlying cou	WAS CAUSE  IMMEDIAT  By, which  mmediate ting the se last.	D BY:  IE CAUSE (b)  DUE TO, C  (b)  OUE TO, C	or as a consequence on tributing to	DENCE OF	NOT RELATED TO THE TI	en ac	eide	n .	IXIMATE INTERVAL
AL RECOR	hos been to permit. I ene prior ows ony in	CERTIFICATION	190 DATE OF OPER	ATION	19b. COND	OITION FOR WHICH	1 OPERATIO	N WAS PERFORMED	200 AUTO		YES, WERE FIND RTIFYING CAUSE YES [	
OF VITA	ghysicing physicing certificate ricol-tronsit ental Hygin frem 18 sho		21a, ACCIDENT WAS U OR CONTRIBUTING [	CAUSE OF DE	ATH HOUR A	OF INJURY m. MONTH D m.	AY YEAR	2k. HOW INJURY OCC	URRED (ENTER NAT	URE OF INJURY IN ITEM	18 PART I OR PART 2)	
NOISIAI	After this costhe burlith and Me	MEDICAL	21d. INJURY OCCU	WHILE O		OF INJURY FREET, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET	/	CITY OR TOWN	COUNTY	STATE
	OR: Af					he detensed from.		nd that in (my) (our) apin	MY CO	VOU .		, that (I) (we) lost
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-	5 6 1 2 3 5		BURIAL, CREMATION					EMETERY OR CREMATOR	City	I TOWN	COUNTY	STATE
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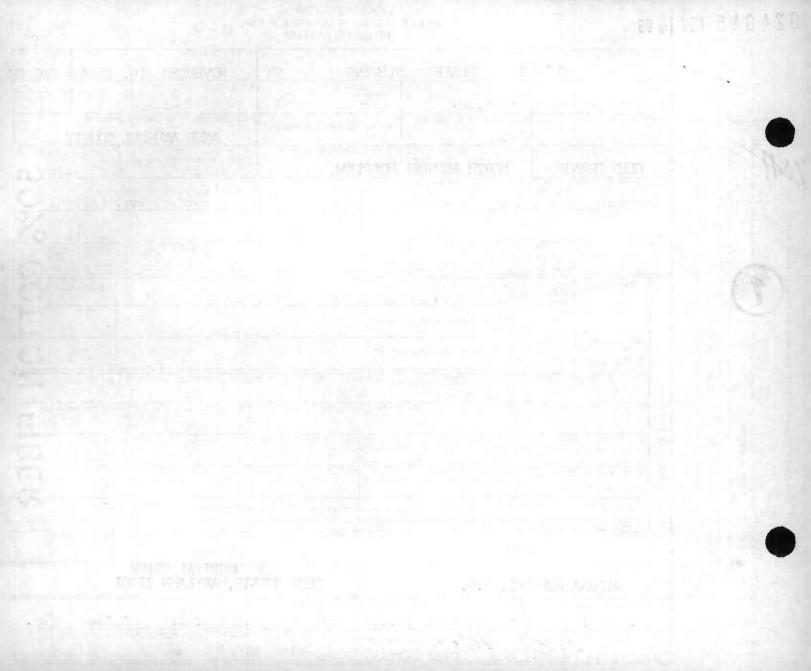
20		1				STATE OF MARYLAND		
			1-	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 3 0 3	0004
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200	0 1 1	JLU		OR PRINT)	WIDDIE	LAST	20. DATE OF DEATH MONTH	OAY YEAR 26 HOUR
, pe	deot	+		Geor	ee E	Bender	Nov.26.198	6 M
0	, po	0	3 SEX		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN.
O t	to lo	70	ed.	Male	White	June 11, 1935	51 YRS.	MONTHS DATS HOURS MIN.
4	100	1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
5	200	2		Maryland	USA	WIDOWED DIVORCED	A.A.Co.	MD
10:	1	7	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
100	31/6	1	P	asadena		.Longpoint, Pasa	Supervisor	B.G.E.Co.
hom	- a -		₩5UA	L RESIDENCE (IF NURSING HOME OF TATE	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR		13e STREET ADDRESS / ZIP COD	Dansdone Md
24		1	Ma		.A.Co. Pasade		175 2nd, St	.Longpoint2112
gov.	De XI	6.7	14. FA	THER'S NAME		15 MOTHER'S MAIDEN NA		
1	100	44		George	Ber	nder Made	elvn	Shaffer
130		1		AS DECEASED EVER IN U.S. A	ARMED FORCES? 16b. SOCIAL SECTIONS WAR OR DATES		ADDRESS	0.200
7460	2 1	1	()			4982 Mrs. Jean (	C. Bender, Same	as above
	per ol	1			only one couse per line for (o), (b), or			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ifico	phy mov rent,		- 11	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0) NONSM	all cell cancer,	reluna.	Inn
Cert	rbour rre			IMMEDIA			0	
oo th	e co	124	-8	Conditions, if ony, which	DUE TO, OR AS A CONSEQU	ENCE OF		State of the state
o o	mov motion fro			gave rise to immediate	(b)			
+ +	by th			couse (0), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	ENCE OF		
£ :	plea plea prol,			DART 2 OTHER CICALIFICANT	(5)	DEATH BUT NOT RELATED TO THE TERM	UNITED SECTION OF CONTRACT OF	
d'uire	sign hen ta bu		Z		nubiction	DEATH BUT NOT RELATED TO THE TERM	WIN ALD ISEASE OR CONDITION GI	VEN IN PART 110
5	been mit. I prior any in	R	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
		X	FIC				IN CERTI	FYING CAUSES OF DEATH?
F .0	5 0 5 e	7	ERT	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21, HOW INDERVOCATION	YES NO Y	ES NO
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	burial-1 Mental-1 or Hem		MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 214 INJURY OCCURRED		19		
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N E	os the orke			AT WORK NOT WHILE				
N - O	USe USe Heal		н		pital) attended the deceased from.	3-86 19		19, that (I) (we) last
Spite	of le				not view the body ofter death.	ond that in (my) (our) opinion	death accurred on the date and ha	ur and from the couses stated
DR bo	DIRECT Sched f Dept. o			226. SIGNATURE	1.0.0	DEGREE		22c DATE SIGNED
	AL deto			Tantia	en a. Corney	MO ATTENDING PHYSICIAN [	MEDICAL STAFF	11-26-86
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0 é	ξ ₹ 3 ₹.		23a B	URIAL, CREMATION, REMOVA	AL 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	7.7
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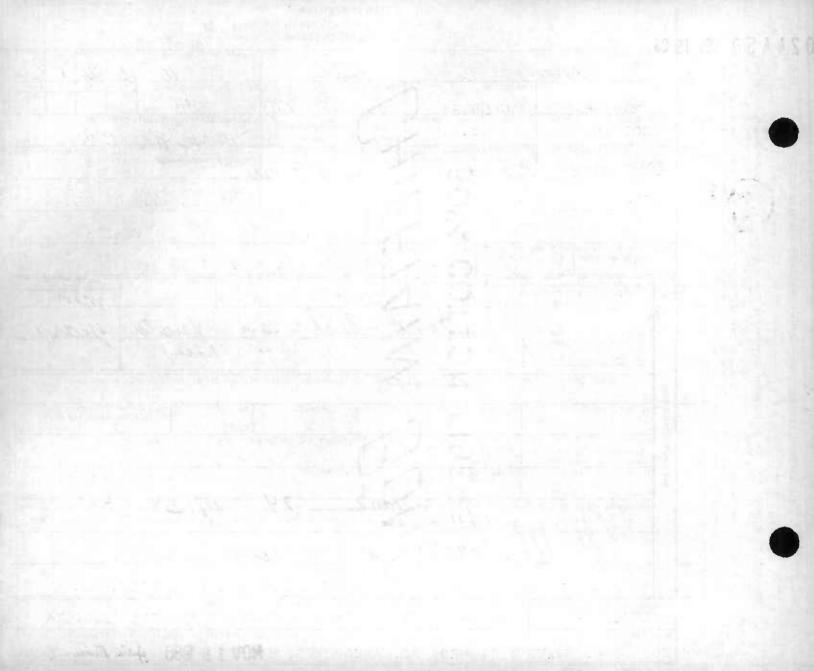
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34	13a. S	TATE 136 COURSING HOME COURTS TO THE TOTAL ANN E	or other institution, of inty	GIVE RESIDENCE BEFORE	ADMISSION) N 1icum	Centing inside city limit yes  No \text{ \text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\tex{\tex	EP IS?   13e.STR	EFT ADDRESS /	ZIP CODE EWOOd	Rd.,	21090
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赵乙		et mai	MIDDLE	Waters	3	Mary		Mobile		Hagne	er
8 /		AS DECEASED EVER IN U.S. A		166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRES	S		
100	{	ES, NO OR UNKNOWN) (# YES, G	IVE WAR OR DATES)	214-20-	-5798	George 1	E. Ber	ton S	ame as	#13	
me prior to buriol, ema	CERTIFICATION	gove rise to immediate cause (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT 19th DATE OF OPERATION	CONDITIONS CO	sole	DEATH BUT	NOT RELATED TO THE	05	AUTOPSY?	20b. IF YES, WE IN CERTIFYING	ERE FINDING G CAUSES O	
and Mental Hygie	ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME OI	FINJURY	-	21c HOW INJURY O				,	140
8		OR CONTRIBUTING CAUSE OF D			AY YEAR						
orked or ttem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE C			21f LOCATION STREET		CITY OR TOW	/N	COUNTY	STATE
# Pon		22a. I certify that (I) (this has	pital) attended the	e deceased fram_	47	-/2 19	86, to.	11	2 × 19_	X6, th	at (I) (we) last
F He		sow the deceased alive a obave, (I) (Ne) (did) (did)		A sign	861,00	id that in (my) (our) ap	oinian death a	curred on the do	te and have and	0.00	
T: If Item.		221/ SIGNATURE	View the body	len		DEGREE ATTENDI		ICAL STAF		226. DATE SH	GNED 80
with the State I		22d PHYSICIAN'S NAME (TYPE	ORPRINT)	0.0	2 14	22e ADDRESS	58-	A BI	VS S	+ p	Ms.
S & M		JURIAL, CREMATION, REMOVA	L 236. DATE	230	NAME OF C	EMETERY OR CREMAT	ORY 123d	LOCATION			170
		SPECIFY) Burial	11/26/	186 Me	eadow	ridge Me	m Pk I	cikridg	e, How	vard,	Md.
50AA 4/R3		UNERAL DIRECTOR	237 I			Ave. 25	DATE REC'D	BY REGISTRAR 2		'S SIGNATUR	RE
16 50M 4/B3	IV	cCin ly Funer	al Home	Balto	o. Mo	21225	DFC O	1 1986	1 lia Jan	iden D.	dass



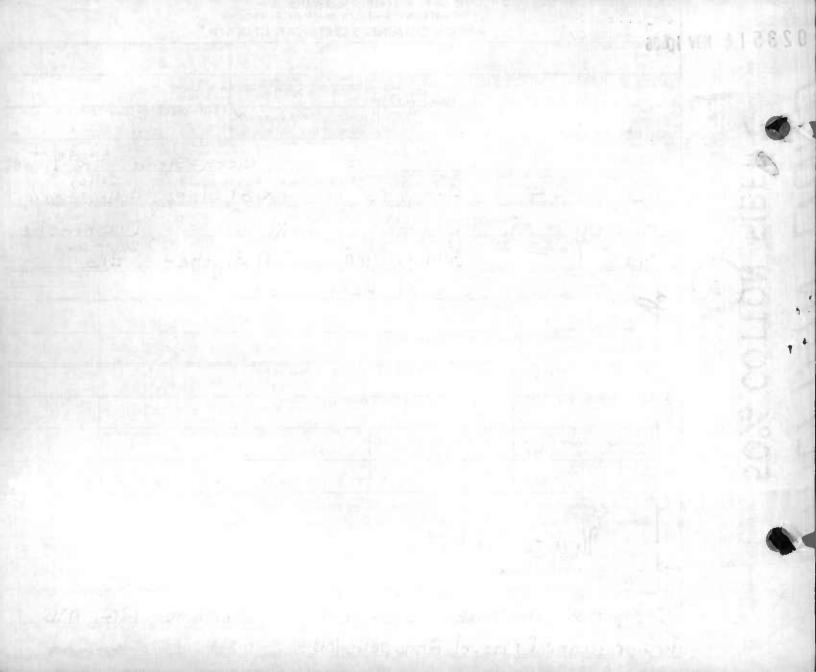
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	y be	page 3 er deoth	J.F.		M M	CHAE	L	BLAKE	BLEVI	NS	SR	NOVEMB			602 PM
	E	. p	L	3. S	EX	4	RACE		5. DATE O		VEAD	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	# UNDER 24 HRS
	9e 4	ector irs of	1		Male		Whi	te.	Octo	ber 8,	1945		41 YRS.		NIN TO SECOND
	Pog.	P de	0/-	70.	BIRTHPLACE (STATE OR FOREK	3N 71	b. CITIZEN OF	WHAT COUNTI	RY? 8	X NEVER N	ARRIED [	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
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. 11	6	Sit of	0	. 10,	CITY OR TOWN OF DEATH	1		HOSPITAL, NUR		R OTHER INST	ITUTION	126 USUAL OCCUPA		12b. KIND OI INDUSTRY	F BUSINESS OR
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m, <b>∑</b>	rote	0.4	1	160	WAS DECEASED EVER IN U	J.S. ARM	ED FORCES?	16b SOCIAL SI				-In-Law)	RESSIO/ 5		
TIMORE, MARYLAND 21	×	and	17	1			WAR OR DATES)	231.58				ronmonger			
<b>B</b> /3	Mar.	Fig. 8	1	-				<u> </u>		PILITO	111 W • 1.	ronmonger	GIEII		MATE INTERVAL ONSET AND DEATH
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20	es t	ple	0 0	13	PART 2 OTHER SIGNIFIC	ANTCO	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION GIV	/EN IN PART 110	
DIVISION OF VITAL RECORDS,	qui	I hen	njur)	20			-	RCINOM		un-e					
Ö	5	beer mit.	duy duy	CERTIFICATION	19a DATE OF OPERATION	1		ITION FOR WH		N WAS PERFO	RMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	GS USED
<u>x</u>	0 .	er er	0 5 /4	문								YES TI NOT		FYING CAUSES	OF DEATH?
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O Z	HYSIC	ceri	Item	MEDICAL	(IF EITHER NOTIFY MEDICALE	XAMINER)		.M.	19	211 LOCATIO	NI.				
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	OR ATT		fem fem	11	22b. SIGNATURE	0				DEGREE	- 11111			22c. DATE	SIGNED
	1 + o +	atoc	e	1	V	CV	mani	N	1)	A	TTENDING -	MEDICAL ST	AFF		
	PITA	ERA Se de	A N		22d. PHYSICIAN'S NAME	Spe ca	Minut)			22e. ADDRES		O HOSPITAL			
	HOS	P. B.	ORT		ALPANA G	DSWA	MT. M.	D.		GI		NIE, MARYLA			
	5 5	TO FUNERAL should be deto	3 3	224	BURIAL, CREMATION, REM		23b. DATE		3 NAME OF C			123d LOCATION			
			-	230	(SPECIFY)	OVAL						CITY OR TOWN	11.	D - 1 + -	STATE
	BF			24	Cremation FUNERAL DIRECTOR	1	MOV 14	, 1986	securit	y Proce	ess, in	c Catonsvi	TIE	Balto.	Md.
	DHMH	1 - 16 60	M 7/84		NAME	1	7/1/10	ADDRE	SS						
	(	VRA 15,	4)		Singleton Fun	eral	Home	Glen	Burnie,	Md.		NOV13	//./	in Deordon	n. Rendalla



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	may	page 3 er death	10	3. SE		4. RA	ACE	<i>U</i> .	5. DATE O		6 AGE (IN YEARS LAST BIR			UNDER 14 HRS
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3212	hod	o o	202	USU, 13a. S	L RESIDENCE (IF NURSING TATE	HOME OR OTHER	R INSTITUTION.		RE ADMISSION	13d, INSIDE CITY LIMITS	? 13e STREET ADDRESS 9 SILVER	ZIP_CODE	21403	
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BALTIMORE, MARYLAND 2120	ed with	complete	examin		NRY	WIDDI	E	RIPPLI	3	HARRIET		FR	AZIER	
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	tificate	physic in pape	event, the		PART I. DEATH WAS	CAUSED BY	:	Carolal (b), o	100	EST			APPROXIMATI BETWEEN ONSE	14
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COR	w rec	been mit. T	any in	CERTIFICATION	19a. DATE OF OPERATION	N	196 CONDI	TION FOR WHIC	H OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDINGS	USED
AL RI	The lo	De pe	3	TIFIC							YES NO	YES [		O DEATH?
FVIT	AN	certificate l rial-transit ental Hygie	00		210. ACCIDENT WAS UNDERLY		216. TIME O HOUR A.		DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
NO	PHYSICIAL	buria Ment	or Her	MEDICAL	(IF EITHER, NOTIFY MEDICAL B		P./ 21e. PLACE (		19	211. LOCATION				
DIVISION OF VITAL RECORDS,	DING PHYS	fter th as the th and	orked	ME	WHILE NOT WHILE		(AT HOME, STR	EET, FACTORY, OFFICE	FARM, EUL)	STREET	CITY OR TO	WN	COUNTY	STATE
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•	TAL OR	Y THE TO RAL DIRE detached ate Dept			UMI	111	wh	WWW	N	A I ) ATTENDING	MEDICAL STA	FF CIAN []		
	IOSPI	FUNERAL I	MPORTAN		22d PHYSICIA ME			110	Selfe	27e ADDRESS	THE DD ANN	ADOLTO	MD	
	TO HOSE	shoul with	MP.	73n P	WILLIAM C		L N'I'R A		NAME OF C	METERY OR CREMATO	IVA RD. ANN	APULIS	, MD.	
	В	P		C	REMATION	NOVAL 123	11-1		ETROPO	LITAN ALE	XANDRIA FA	RFAX	VIRGIN	I A <sup>STATE</sup>
	DHM	NH - 16 60M	A 7/84	24 FL	INERAL DIRECTOR			ADDRESS		25a.	DATE REC'D. BY REGISTRAR			
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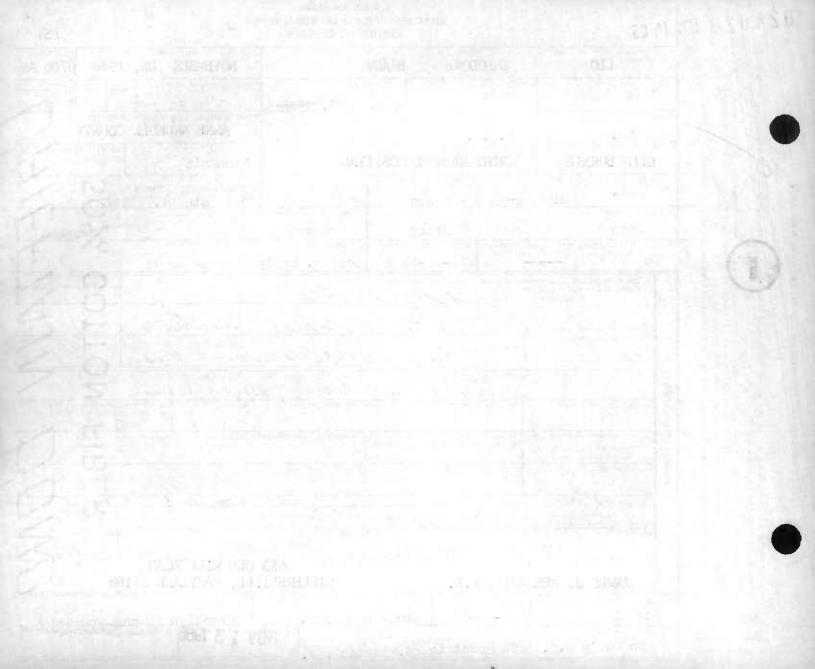


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		ET, ET,		Sara		Jane	Blythe	3	DEATH MATED	T T	1 198	6 M
		취임필요鑑	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN	YEARS IF UNDER 1 YR.		2c. DATE	HTMOM	DAY YE	EAR 2d. HOUR
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		A DO TO	Ye	malelwhite	reb. 23.19	100	YRS.			11		86 p M
10.75	-	ESSARY, PLEASE RAL DIRECTOR. OUR FILES. HIIN 72 HOURS		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHA	I COUNTRY?	MARRIED NE	EVER MARRIED	9. BALTIMORE CITY	OK COUN	IT OF DEATH	1
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		2 3 3 3 3 7 1	10 CI	TY OR TOWN OF DEATH			AE, OR OTHER INSTITU	JTION 12a. USL	JAL OCCUPATION (T		126. KIND OF	FBUSINESS
	1/3	PHONE A		Clan Durania		ITY, GIVE STREET ADDRESS		OR/	MOST OF WORKING LIFE)		5+84	ISTRA 7
	80	DELAY IS TO THE SE FILED OF 201 V	1	Glen Burnie			eneral Hosp	ortar Ide	rK-Ster	70		yland
	0	NY DEL NY DEL NUD BE FCORDS	13a. S	L RESIDENCE (IF IN NURSING HOME OF		CITY OR TOWN		CITY LIMITS? 113e SITR	EET_ADDRESS	2	1401	3
	212	大学であるう		UD JUE	1	Annapoli	S YES -	NO X 5	Sleepu	Hall		oced
	o o	# 000	13 E	THER'S NAME		LILITARO	IS MOTH	ER'S MAIDEN NAME		11011	140	3020
	2	H- 200 ///	7	O FIRST	MIDDLE	O 1 LAST		FIRST	WIDDIE	~	JEAJ	1.
	2	出出 人		Hussell	$\mathcal{O}$	1014the	- 0-	all		UU	Shin	ske
	*	BASSA I	16a. V	VAS DECEASED EVER IN U.S. ARM ES, NQ, OR UNKNOWN) (IF YES, GIVE V	ED FORCES?	166. SOCIAL SECUR	ITY NO. 17. INFOR	MANT	ADDRES	SGW	ne as	
	5	E WE BY	,,,	NA	an on on to	544-92.1	6900 Ga	100	11tha-	-th	13	
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	ti.	SE OF		DARTIDEATH INTAC CAUCED	DAG				7		BETWEEN O	DISET AND DEATH
	RESTON ST	工作为30000		IMMEDIAT			drug into	oxication	Ω			
*	ST	220000			DUE TO, OR A	S A CONSEQUENCE	OF					
	2	1000000000000000000000000000000000000		Conditions, if any, which	(1)							
	3	335E58		gave rise to immediate couse (a) stating the under-	(b)	S A CONSEQUENCE	OF					
* 1	-	848787		lying couse last.	00E 10, 0K A	S A CONSEGUENCE	. 01					
	.2	LID BE EXECUTED PROBLES. IN P. B. MEDICAL EXA BOR AS A BURIAL-HEALTH AND ME H. CREMATION,			(c)							
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	7	SHOULD SH	5									
	5	TO WE WANTED	Ē	- ENTERNAL CALIFFAMAS	***************************************						YESX	NO 🗌
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		E. THIS CI RWARDE RWARDE B. PAGE 3 STATE D C. 21201		AT WORK AT WORK	hom	е		Gentle .	bre Gre.	HEULI	ite, i	ia.
		FORV FORV THE SI		22a I certify that I took charge	of the remains descr	ibed obove, held an	Autopsy X,	Inspection .	Inquiry	and in my ap	oinion	
		ECETIFICATE  ULD BE FOR  WITH THE S  MARYLAND,					Suicide X, Hami	Linda D. Hadas	ermined manner			
1		EXAMI CERTIFIC JLD BE DIRECTORY WITH		Ol I	A /	ccident, s			ermined monner [	1,		
1.0		A SECOND	M.	ACTUAL WALLET	To Dell	h. /	,	SPECIFY)		DATE	17	10100
		AHRAFE H	1	SIGNATURE WOULD	2011-01	100-	M.D. ASS	sistant MED	ICAL EXAMINER	DATE SIGNE	ED 11	/2/86
		NE NE NE		ENTINE SERVICE ATTACK								
		MONE WE		(TYPE OR PRINT) Marga	rita A. Ko	orell, M.I	DADDRESS_	lll Pen	n St. Bal	to.MD	•	
		TO MEDICAL EXAMINE EXECUTE THE CERTIFIC PAGE A SHOULD BE FOUNERAL DIRECTE AFTER DEATH WITH THE BALTIMORE, MARYLAN	23a B	URIAL, CREMATION, REMOVAL 23	b DATE	123c NAME OF C	EMETERY OR CREMAT	ORY I23d. LC	CATION			
		7-9	1	PECIEV)		1	11 11	Cula	ORTOWN	COUL	J W	STATE
	07/84 25M	BP 22 0	26.5		Vov. 4,1986	Ceda	THIT!	IN DATE DECID	LITTANA	CICYPARIC	Y- I	1D
	- U/41	DHMH - 17	19	INERAL DIRECTOR	ADDRESS I	1 0	10 0 11	25e. DATE REC'D. BY		GISTRAR'S S		
		(VR A15 ME (5))	110	rular tunera		I- Anna	ratio MU	NAV - 61	agg Aulia	Nicolar	m. Panda	

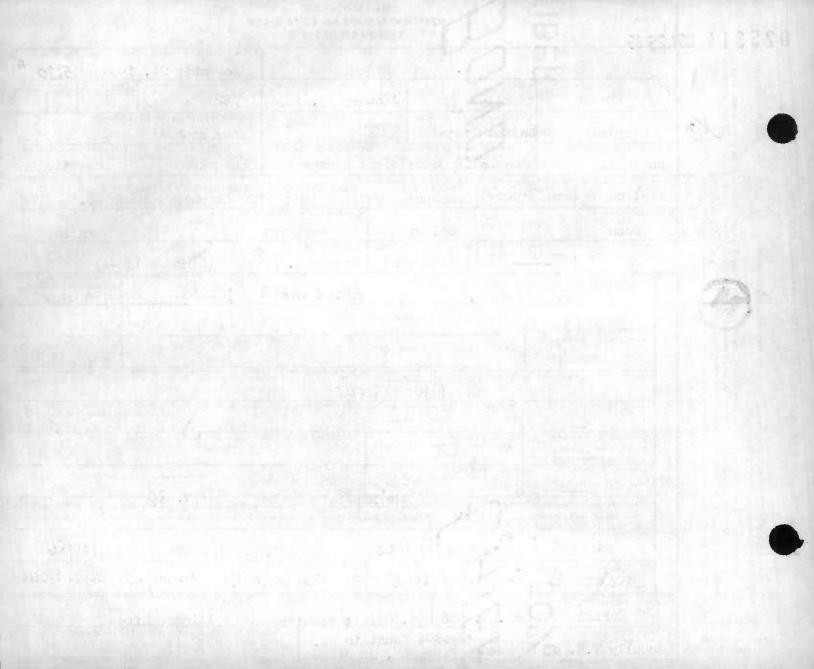


	1		STATE OF MAR	RYLAND	- A - 1 A - /
3510 NOV 1	26	FOR STATE	DEPARTMENT OF HEALTH A	9 9	30301
	1	REGISTRAR	CERTIFICATE C	PEG. NO.	
		CEASED NAME FIRST	MIDDLE	2a. DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
1 50	(TYPE	Florence	Tressie boulto	n 11	0286 1815 m
6 6	3. SE		RACE 5 DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDA	AY) IF UNDER 1 YEAR IF UNDER 24 HRS
4 05		tomala	White MONTH &	AY YEAR 75	MONTHS DAYS HOURS MIN.
B # 114	7n D	RTHPLACE ISTATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8.	9. BALTIMORE CITY OR C	YRS.
# 70 /	100	(O NIRY)	MARRIED NEV	ER MARRIED	1 I
8 51 11	11	labama	USA (WIDOWED)	DIVORCED   HONEH	rundel MD.
1 4 2		TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER  [IF NOT IN SUCH FACILITY, GIVE STREET APPRESS]	INSTITUTION IT USUAL OCCUPATION	12b. KIND OF BUSINESS OR
00		mapolis H	nne trundel General t	bspital Food Serv	Vice State of MI)
DA 24 24	13a. S	AL RESIDENCE (IF NURSING HOME OR OTH STATE 13b. COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13d. INSI	DE CITY LIMITS? 130 STREET ADDRESS / ZI	P CODE 21403
1 10	1	no AA	Honapolas YESD		Ridge Road
THE STATE OF	14. F.A	ATHER'S NAME	15. MOTH	HER'S MAIDEN NAME	-0
: 1000	N	athonial mo	extin Table Mi	OLGIONE ELIZADE	th Hunter
3 37 37		VAS DECEASED EVER IN U.S. ARMEI		RMANT ADDRESS	TI Cantru Court
and one	{	YES, NO OR UNKNOWN) (IF YES, GIVE W.	AR OR DATES) 731-11 1929 1111	ion H. Sansell Tra	Annapolis Mu21403
2 6	-	110	401-104014 WIII	Idm II. Oovi Cii, Oi.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 1811		PART I. DEATH WAS CAUSED B	ne couse per line for (0), (b), and (c).) Y:	Humania	
1 (61 HE )		IMMEDIATÉ C	AUSE (o)		Samp-
1 1251			DUE TO, OR AS A CONSEQUENCE OF	rising alloyoursula	1 Addid at 7 who
事一年の年 五一二	1	Conditions, if any, which gave rise to immediate	(b)	0,000100010	2 1 1 2 100 1
1 1155-	+	couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF		
101		underlying couse lost.	(c)		
by bury	z	PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE OR CONDITI	ION GIVEN IN PART 110
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MOLT	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PE	ERFORMED 20g AUTOPSY? 20	Db. IF YES, WERE FINDINGS USED
9 888 6	CERTIFICAT	THE DATE OF OPERATION	198. CONDITION FOR WHICH OPERATION WAS PE	II.	CERTIFYING CAUSES OF DEATH?
48 448 64	- 5	450000000000000000000000000000000000000	Tay Tay Co. IN HUDY	YES NO	YES NO
41 55E	1977	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOV	W INJURY OCCURRED (ENTER NATURE OF INJURY IN	LITEM 18 PART 1 OR PART 2)
SS # 55 # #/	Š	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19		
11 422 5	WEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOC	TREET CITY OR TOWN	COUNTY STATE
of the standard	1	AT WORK NOT WHILE AT WORK		07	91.
No 4 alone		22a.1 certify that (1) This hospital)	1117	19 00 to 11/4	. 19 0 , that (I) (we) lost
# 6 P 9 P		saw the deceased alive on above ((1) (we) (did) (did not) v	en the body after death	(my) (our) opinion death occurred on the date	and how and from the causes stated
A SA		22b. SIGNATURE	DEGREE		THE DATE SYSNED
2 4 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		70	MM/Mann	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	11/3/86
E - 275 47	1	224. PHYSICIAN'S NAME TYPE OF PR	INT) 22e ADE		2 2 21413
PORT.		1 Cichard	(N/400 MD) 7	17 Giddings 1	JVI. HATHAD. MA
2 2 2 3 3	23a F	BURIAL, CREMATION, REMOVAL	236. DATE 231. NAME OF CEMETERY	OR CREMATORY 23d LOCATION	1 //
BP	6	1612	100, 5,1986 Lakem	mt DavidSony	I'm AA alt
	74.5	JNERAL DIRECTOR	No. of the Control of	25a DATE REC'D. BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	tic	Wan Finning	I Chapel Annapolis	mid NOV - 6 1986	Julia Dividson Randalli
(, 10, 4)	The	TOI TUNEVA	A Chaper Millapolls		- James -

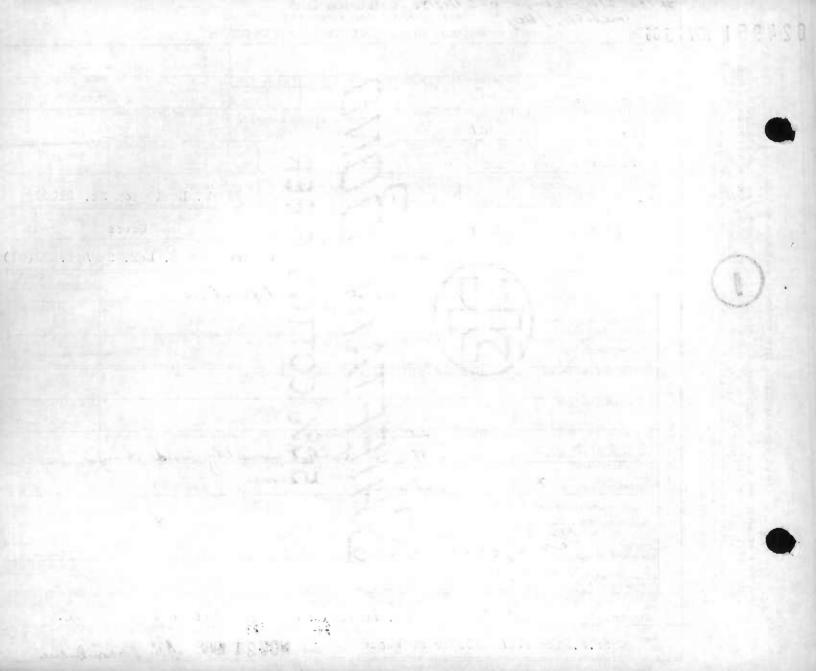
024020 NOV	1 t	efor # 5, Film G	621,11.18.86	DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE & S	O G G S EST
ge 3 eoth	I. DE	CEASED NAME FIRST OR PRINT) LEO	THEODORE	BRADY	AST	NOVEMBER 08,	10 110011
ge 4 moy be ector, poge 3 ors ofter deoth	3. SE.	Male	4.RACE White	S. DATE C			UNDER I YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.
deoth. Po	2	RTHPLACE (STATE OR FOREIGN COUNTRY)  Md.	U.S.A.	MARRIE		9 BALTIMORE CITY <u>OR</u> COUNTY OF ANNE ARUNDEL	
10 10 10 10 10 10 10 10 10 10 10 10 10 1	1	TY OR TOWN OF DEATH GLEN BURNIE		NDEL HOSPI		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) MECHANIC	12% KIND OF BUSINESS OR INDUSTRY
mpletely filled in b. ond 2 should be still be s	130.5		ITY I3c. CITY	or town sadena	13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS / ZIP CODE 941 8th St. 2	1122
MARYL ed withi ond 2 s	JA FA	John		rady	IS MOTHER'S MAIDEN NA/ FIRST Laura	WIDDLE	Simpson
TIMORE,	16a V	VAS DECEASED EVER IN U.S. AR (IF YES, GIV	E WAR OR DATES)	22-6014	Cora F. Brad	y same as 13	
ST., BAL	Į,	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per line for to D BY: E CAUSE (0)	rallac A	systele		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON S; ING PHYSICIAN: The low requires that the death cert oftending physician. Where this certificate has been signed by the ottending os the burial-transit permit. Then please remove carboin hand Mental Hygiene prior to burial, cremation, or resorked or tem 18 shows any injury, or other traumottic elections.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CO	cute in	yourlead levola land	inferetion	
RDS, 201 equires the signed Then plee to buriol injury, or	NO	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUT	TING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	I IN PART 110
he low re on. hos been t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED NG CAUSES OF DEATH? NO
PHYSICIAN: Thending physicing physicing this certificate to buriol-tronsit and Mentol Hyging dor frem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	I ORPART 2)
NUISION  UG PHYS  offendin  Ter this c  ss the bur  h ond Me  urked or II	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIA spitol or CTOR: Al I for use of Healt		220.1 certify that (1) (this hospi saw the deceased ofive on above (1) (we) (did) (did no			d that in (my) (our) opinion of	to, 19	nd fram the couses stoted
ITAL OR. by the ho RAL DIRE detochec tote Dept		22b. SIGNATURE	zan-	my		MEDICAL STAFF	11/8/86
TO HOSPITAL (reformed by the TO FUNERAL I should be deto with the State I IMPORTANT; if		JAMES J. BEN	JAMIN, M.D.		MILLERSVI	OLD MILL ROAD LLE, MARYLAND 211	08
BP	1	SPECIFY ALL SPECIFY ALL SPECIFY ALL SPECIFY ALL SPECIFY ALL SPECIFY ALL SPECIFIC ALL SPECIFICATION AND ALL SPECIFICATION ALL SPECIFICAT	236. DATE 11-11-86	Cedar 1	Hill Cem.	Brooklyn Apr	county state
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FU	Mc Cully F.H.	32 <b>9</b> 4 Mounta	address 211 in Rd.Pass	22 250. DN	THE DESTRICTION OF THE PROPERTY OF THE PROPERT	KA PROPERTY AND A STATE OF THE



STATE OF MARYLAND



			OR me	16, - 22	16-623	EPARTI		EALTH	ARYLAND AND ME	NTAL HYG		3	a	3 1	0
0249	951 NOV	67 F	FISTRAR		MED		EXAMIN	ER'S C	ERTIFIC	ATE OF	DEATH	REG. NO.			
			EASED NAMI			WIDDLE			LAST		OF	KNOWN ESTI-		DAY YEAR	2h HOUR
	EASE TOR. SURS	3. SEX		YVON	NE Is. date of birth		6. AGE (IN YEA		riggs	F UNDER 24 I		MATED X	10-17	7 -86 DAY YEAR	M 24 HOUR
	NECESSARY, PLEASE UNERAL DIRECTOR. S. FOR YOUR FILES. WITHIN 72 HOURS.		male	Black	2/28/6	YEAR 3	LAST BIRTHDA 23 YR	Y) MONTH		HOURS MI	PRONOUN DEAD	ICED	11-7		1
- 100	SSAR YOUNG	7a. BIR	THPLACE (5		7b. CITIZEN OF WH			1	ED NEVE			ORE CITY OF			1/PM M
	SAN CENT	FOR	Md.		USA			WIDOW	-			Arund	el Co	unty	MD
	THE PAGE	10 CIT	Y OR TOWN Balti		11. NAME OF HOSE (IF NOT IN SUCH FACE Mount Ca	ILITY, GIVE S	TREET ADDRESS)		ER INSTITUTION	ON 120	FOR MOST OF WOR		OF WORK 12	OR INDUST	
21201	ANY DELA	13a ST		(IF IN NURSING HOME	OR OTHER INSTITUTION, GIV NTY	13c. CITY	BEFORE ADMISSION OR TOWN		13d INSIDECITY	LIMITS? 13e	STREET ADDRE	ss <b>Lexing</b>	ton S	t. 212	01
MD.	Tomos Y		THER'S NAME		WIDDLE		LAST		15. MOTHER	SMAIDEN	IAME	IDDLE		LAST	
	A SECOND	/_	A1	bert	Briggs				Hi	llda	m	G	ross	LASI	
ALTIMO	NAT NO PAR	16a. W (YE	AS DECEASE S, NO, OR UNKNO	D EVER IN U.S. AR	MED FORCES? E WAR OR DATES)		-80-019		Hilda		ison 755	W. Le	x. St	Apt.6	03(01)
RDS, 201 W. PRESTON ST.,	ULID BE EXECUTED WITHIN 2 HOUR "PENDING" IN PENCIL IN FEREE SED AS A BURIAL TRANSIT REMIT FREATH AND WENTAL HYGIED AL, CREMATION, OR REMOVAL.		Candition gave ric cause (a) lying cau	ATH WAS CAUSE IMMEDIA ns, if any, which se ta immediate stating the <u>under</u> use last.	TE CAUSE (o)	PAS A CON	SEQUENCE C	)F	DR CONDITION (	entof GIVEN IN PART T	ication			approxima; Between ons	E INTERVAL
TAL RECO	HOULD BE HEE WEE AS OF HEALT	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORM	ED?				2D AUTOPS	
DIVISION OF VITAL RECORDS	ARITING THE WORD "PER ARDED TO THE WORD "PER ARDED TO THE CHIEF MACE A SHOULD BE USED A THE DEPARTMENT OF HEAD TO THE ARDED TO THE ARDED TO THE A	DICAL	UNDERLYING CONTRIBUTION	NG CAUSE OF	HOUR A.M.	F INJURY DRY, FARM, E	17 19 8	211.100	OW INJURY O	OCCURRED (	INTER NATURE OF IN	used	drug COUN	n	NO _
•	TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA AFTER DEATH, WITH THE STAMBALTIMORE, MARYLAND, 21:			fy that I taak cha	at the filmouns deed	nibed obo	ve hald on	Autops 2M	Hamicid TITLE (SPE	ECIFY)	Inquiry Indetermined mo	anner X,	DATE SIGNED.		8 <b>-</b> 86_
	PER DE LA LIME		EXAMINER'S		John E.	Smia	lek, M.	D.	ADDRESS	111	Penn S	treet			
07/84	Bb 383			TION, REMOVAL			NAME OF CEM	ETERY OF			d. LOCATION CITY OR TOWN	port	COUNTY	Md.	TATE
25M	DHMH - 17 (VR A15 ME (5))	24 FU	NERAL DIREC	TOR	FSPA TTO	0 Eut				NOV 2	1 1986	R 256 REGIS	TRAR'S SIG		

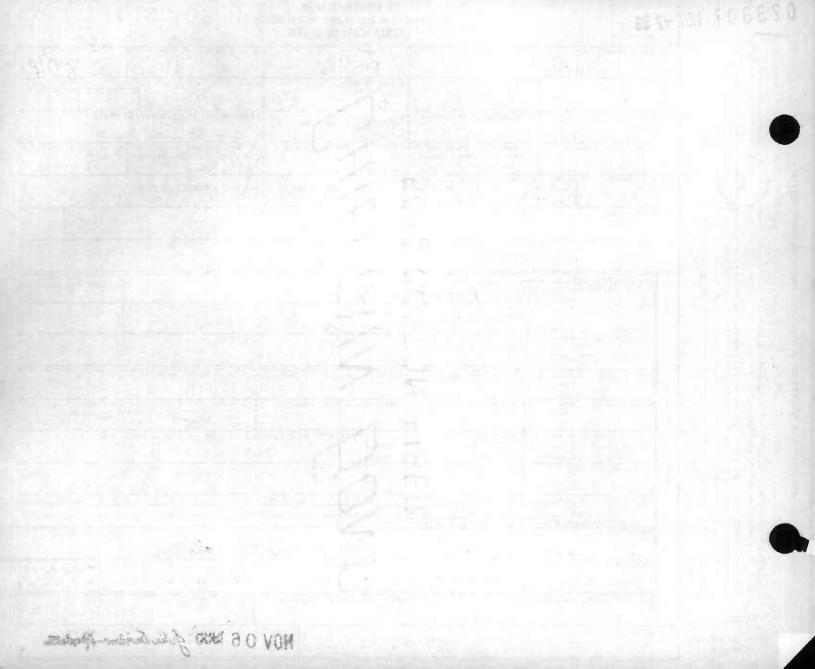


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162 NOV	18-	FOR ATE EGISTRAR		DEPARTA		CATE OF D	MENTAL HYG DEATH	IENE 5	O REG. N	3	0	EST	
44		CEASED NAME FIRST	M	IDDLE	ŁA	ST		2a. DATE	OF DEATH	MONTH	DAY YEAR	26 HOUR	
9.0		ADELE	M		BUCHA	L		NO	VEMBE	R 13.	1986	1102 P	M
0.0	3. SE		4. RACE		S. DATE OF	BIRTH	ur . n	6. AGE III	YEARS LAST BIR	(IHDAY)	IF UNDER I YE	AR IF UNDER 24 HRS	
		Female	Whit	е	Ž MONTH	2 <u>î</u>	16		70	YRS.	MONTHS DA	YS HOURS MIN.	
23/	7a B	RTHPLACE (STATE OR FOREIGN		VHAT COUNTRY?	8. MARRIED	□ NEVER A	MARRIED -	9. BALTIN	ORE CITY C	R COUNTY	OF DEATH		
S		iryland	U.S		WIDOWED	Dr.	VORCED [	1	ANNE A	RUNDE	COUN	TY M	D.
21	10. C	TY OR TOWN OF DEATH		OSPITAL, NURSIN		OTHER INST	TITUTION		L OCCUPAT			OF BUSINESS OF	}
)2T		GLEN BURNIE	NORTH	ARUNDEL		TAL			usewif			e Maker	
家	13a. S	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUNTY A.A.	TY	13c. CITY OR TOW  Baltimo:	N I	13d. INSIDE C	ITY LIMITS?		ADDRESS			21225	
SKA	14. FA	THER'S NAME					MAIDEN NA			zan n	2		-
60	N	John	MIDDLE L.	Willia	ams		Anna		MIDDLE		Moll	ath	
10 7		VAS DECEASED EVER IN U.S. AR		16b SOCIAL SECU		17 INFORMA			ADDRI	Mary	land 2		-
med	1	res, no or unknown) (IF Yes, GIV	E WAR OR DATES)	212-10-4	231	Donald	R. Bu	chal	313 B	urwood	1 Rd G	len Burn	ie
÷ .	X	18 CAUSE OF DEATH (Enter on	ly one cause per	line far (a), (b), and	d IC. I						BETWE	OXIMATE INTERVAL EN ONSET AND DEATH	
-	IG.	PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (a)	Seption	umin						0	laye	
otic			DUE TO, OR	AS A CONSEQUE	NCE OF							0	
ullen and		Conditions, if any, which	( (b) )	netrat	2 (	mims	Ma o	P +	-cery		h	nonth	
J, cremo other to	H	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR	AS A CONSEQUE	NCE OF			U	0				
hen ple to burio njury, o	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING TO D	DEATH BUT I	NOT RELATED	TO THE TERM	INAL DISE	ASE OR CON	DITION GIV	EN IN PART	la:	=
19	CERTIFICATION	19a. DATE OF OPERATION	196. CONDIT	ION FOR WHICH	OPERATION	WAS PERFO	RMED	200 AU	TOPSY?	20b. IF YES	YING CAUS	DINGS USED SES OF DEATH?	
115	CER	210. ACCIDENT WAS UNDERLYING				21c. HOW IN	JURY OCCURE						-
2 17	104123	OR CONTRIBUTING CAUSE OF DEA	1113	A. MONTH DA	AY YEAR								
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21.4	6	saw the deceased alive an	11-13	10 8	onc	that in (my)	(our) opinian o	death accur	red on the d	ate and hou	r and fram t	the couses stated	
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_		SPECIFY) Burial	11/17	101		en Mem	Park	Gl	en" Bür		A°A'.	Md	
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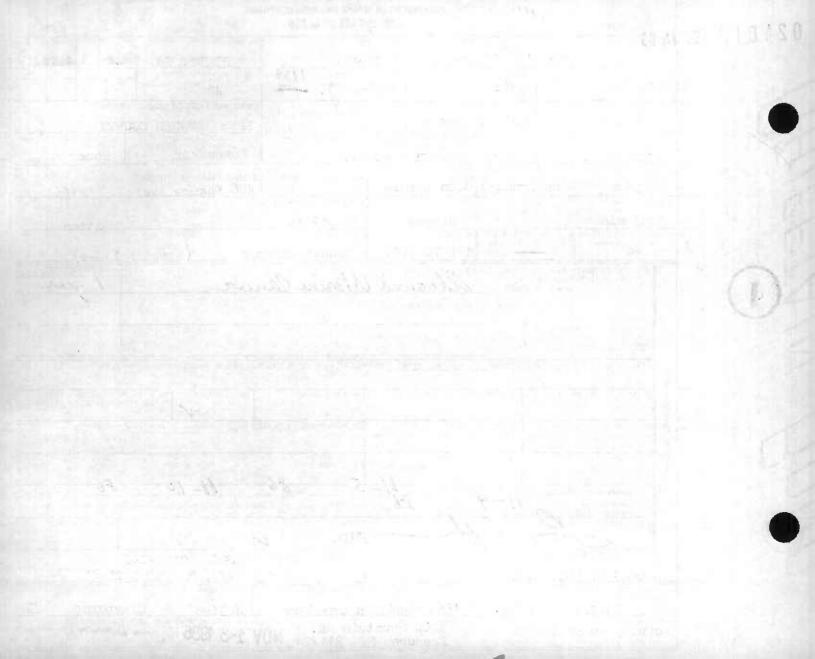
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a ∞ €	- 6		OR PRINT)		1	tas,	20. DATE OF DEATH	MONIN DAY TEA	R 26 HOUR
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deo deo	//	-	NTUCKY	USA	WIDO		ANNE ARUND		MD.
1 11 4		10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI		OR OTHER INSTITUTION	12a USUAL OCCUPATION		D OF BUSINESS OR
	£ 1	LI	NTHICUM	525 HAWITHORNI			INSPECTOR	MFG	
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gned buring	y, or		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH B	IT NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PAR	T Ira
	in lu	O							
DIVISION OF VITAL RECORD  NG PHYSICIAN: The law re- ottending physicion.  After this certificate has been a as the buriol-tronsit permit. The th and Mental Hygiene prior to	à T	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERAT	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	NDINGS LISED
L REC	2	띮						IN CERTIFYING CAU	SES OF DEATH?
VITAL N. The hysicio reate h ransit	2	ERT	21a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	-	11. HOW INTURY OCCUPY	YES NOX	YES 🗌	NO 🗌
SICIAN: Og physicertificat riol-tran	-(1	-	OR CONTRIBUTING CAUSE OF DE		DAY YEA	21c HOW INJURY OCCURE	(ED (ENTER NATURE OF INJUR	Y IN ITEM IB PART I OR PART	2)
ON OF HYSICIA ding p ding p ding p Mentol-		CA	(IF EITHER NOTIFY MEDICAL EXAMINE		15	4			
PHY endire this he bund M.	6	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	CE CARL ETC.	21f LOCATION	CITY OR TOV	WN COUNTY	STATE
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NDIN MOIN R. Aff	E OE		22a.l certify that (I) (this hasp	pital), attended the deceased fra	Onen	1085	10 (100)	10 8 0	that (1) (we) last
T T O O T T T T T T T T T T T T T T T T	2		sow the deceased alive or	NOU 12	and her	and that in (my) (our) opinion	death accurred on the day	te and how and from	the course stated
OR ATTEN OR ATTEN DIRECTOR Sched for u	F		above, (1) (we) (did) (did no 22b, SIGNATURE	ot View the body ofter death.	`	DEGREE			
			ANA AL LA	Luma 1111		ATTENDING	MEDICAL STAF		ATE SIGNED
HOSPITAL need by the FUNERAL be determined by the Stote	7		111000	MILL MAL		PHYSICIAN 2	DIRECTOR PHYSICI	ian 🗌 11	/12/86
HOSPIT sined by FUNER Sould be	-	0.1	22d. PHYSICIAN'S NAME (TYPE	V		22e ADDRESS			
		10	DR. MARIE	DOBYNS, M.D.		2822 HOLLIN	NS FERRY ROA	.D	
of of short	2		URIAL, CREMATION, REMOVAL	L 23b. DATE 2	3c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		
BP			SPECIFY) URIAL	11/15/86			CITY OR TOWN	YINDS	STATE
Dr	10	_	INTAL INERAL DIRECTOR	11/13/80	MEADO	WRIDGE CEMETER	Y   DORSEY E REC'D. BY REGISTRAR 2	HOWARD	MARYLAND
DHMH - 16 60M 7	/B4		NAME	ADDRE	55		OV 1 3 1986	1 .	
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STATE OF MARYLAND

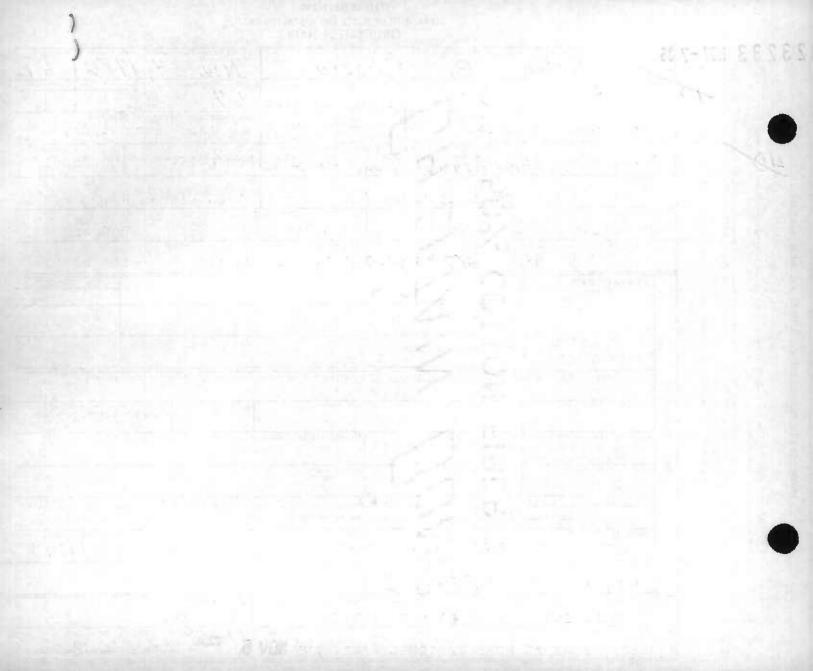
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	page 3		{ ÎYP		MARY	E	LLEN	ć	AWOOD	NO	NOVEMBER 10, 19		6:50 A
	pod,		3. SE			4. RACE		MATE			(IN YEARS LAST BIRTHDAY)	IF UNDER 1 Y	EAR IF UNDER 24 HRS
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~	1 2	20	JE C	ITY OR TOWN OF DE	ATH			JRSING HOME ( STREET ADDRESS)	OR OTHER INSTITUTIO		AL OCCUPATION WORK FOR MOST OF WORK	12b. KIN ING LIFE) INDUST	D OF BUSINESS OR
6/	76	3/		LEN BURNI				EL HOSP	ITAL		memaker	Но	me
0.21	of P	12/	13a.	AL RESIDENCE (IF NUR	13b. COUP		13c. CITY OR		13d INSIDE CITY LIM	ITS? 13e.STRE	ET ADDRESS / ZIP	CODE	
AN	in 24	00	-	aryland	Anne	Arundel	Glen 3	Burnie	YES NO	0 406	Rogers Av	re	21061
RYL	with	10	MIT!	ATHER'S NAME FIRST		MIDDLE	LAS	ī	15. MOTHER'S MAIDI	ENNAME	WIDDLE		LAST
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or /	1	another in the				DUE TO, O	R AS A CONS	SEQUENCE OF					0
RES	D 00	traum		Conditions, if any gave rise to im-		(b)							
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201	ed b	rial,		BART 2 OTHER SIG	UEICANIT (	(c)		TO DEATH BUT	NOT DELITED TO THE				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	sign	ta bu	Z	PART 2 OTHER SIG	VIFICAIVI	ONDITIONS <u>CC</u>	DINTRIBUTING	2 TO DEATH BUT	NOT RELATED TO TH	E TERMINAL DISE	EASE OR CONDITION	N GIVEN IN PAR	I 1(o)
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I RE	one lo no. hos	ene p	IE							YES		ERTIFYING CAU	SES OF DEATH?
VITA	ysicio ysicio	Hygir 18 sh	CER	210. ACCIDENT WAS UN		110110 1		5 . W . WO . D	21c. HOW INJURY O	_	R NATURE OF INJURY IN ITE.		
90	PHYSICIAN: ending physi this certifical	Mental or Item	AL	OR CONTRIBUTING [		(111		DAY YEAR	1000				
<u>0</u>	HYS nding his c	or #	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
IVIS	offe of ter t	rked	Σ	AT WORK NOT WE	HILE	(AT HOME, STR	EET, FACTORY, OF	FFICE, FARM, ETC )	SIRCEI	01	CITI OK TOWN	COUNTY	STATE
۵	A A A	s ma		22a. I certify that (1)	(this hospi	tal) attended the	e deceased fi	rom 1/-	3 19	66 , to_	11-10	19 86	_, that (I) (we) last
	spite CTOF	of H	9	saw the deceas above, (I) (we) (	ed alive an	1) view the bady	ofter death.	19 6,0	nd that in (my) (our) of	pinion death accu	orred on the date and	d hour and from	the causes stated
	or had	Hem		22b. SIGNATURE	N		11		DEGREE				ATE SIGNED
	, =	ote [	31	0	1	2 1	7		MD ATTEND	IAN DIRECT	AL STAFF OR PHYSICIAN		
	ed b	RTAN		22d. PHYSICIAN'S N	AME (TYPE O	R PRINT			22e. ADDRESS 78	845 OAKW	OOD ROAD	#205	
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	5 5 1 3	, = 1		BURIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMAT		OCATION CITY OR TOWN	COUNTY	STATE
	BP		116	Buria	1	Nov. 1	4 '86	Woodla	wn Cemeter	v. Je	lico	Claybor	me IN
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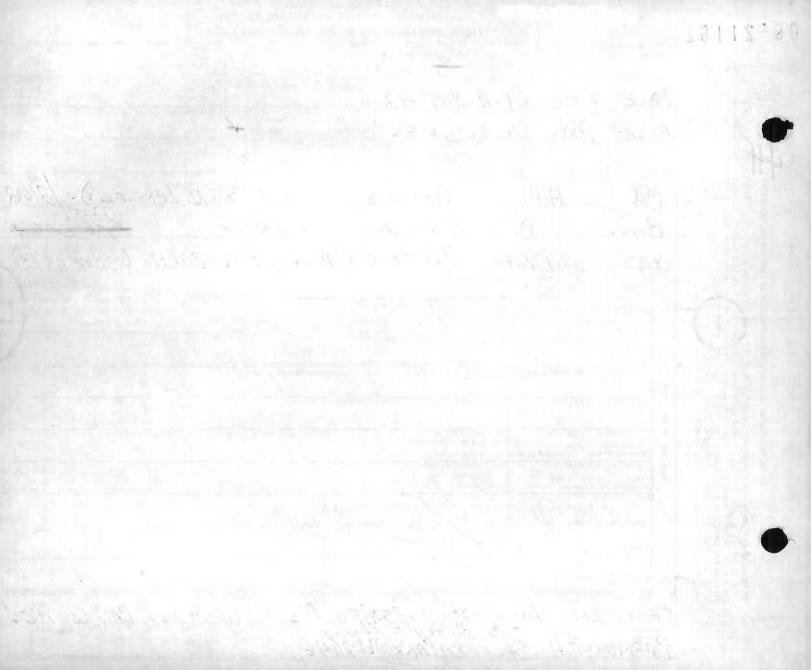
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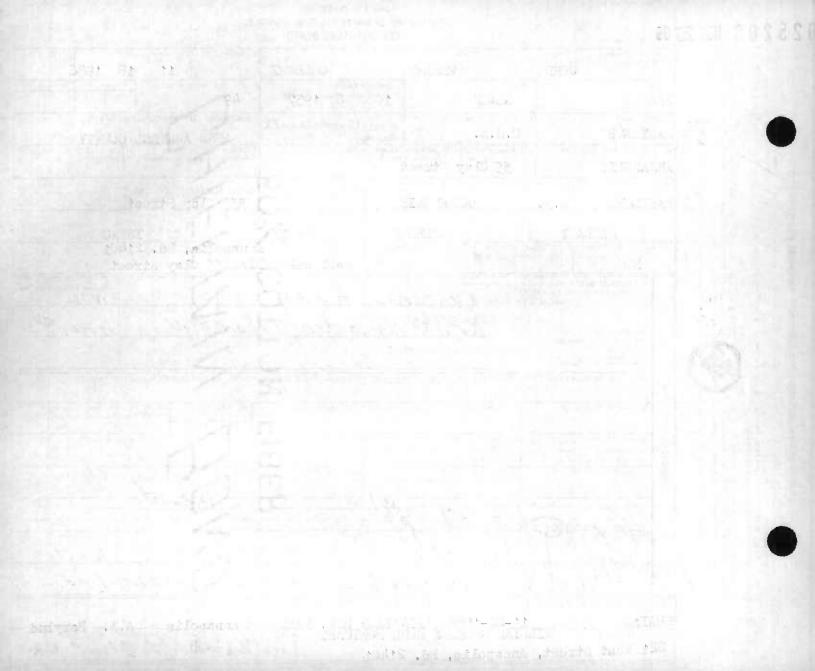
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rol di		"New York	U.S.A. WIDOWE	D DIVORCED		Arundel Co	• ME
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within 24 ho.	130. 3	Md. 136. COUN A. A			13e.STREET ADDRESS / 1466 Nie	zip code eman Rd.20	5764
P E S S			F. Bruseke	15. MOTHER'S MAIDEN NAM  Janet	AE MIDDLE	Rodger	
on and con Pages I		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN)   1 IF YES, GIVE NO N	MED FORCES? 166. SOCIAL SECURITY NO. WAR OR DATES! 087-03-6/20	William S.	Charin	same as	13
e death certificate is attending physic nove carbon pape ation, or removal. troumatic event, it		PART I. DEATH WAS CAUSED	cane cause per line for (a), (b), and (c), BY:  CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)			APPROXIM BETWEEN OF	ATÉ INTERVAL NSET AND DEATH
requires that the signed by the Then please received burial, crement injury, an ather principles.	TION	cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF  (c)  DNDITIONS CONTRIBUTING TO DEATH BUT				
Series of the low	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES	S USED OF DEATH?
SECIAN. T mg physic certificate irrol/tremi eental Hyg.	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19	21c. HOW INJURY OCCURRE			
offer Phis offer Phis or the b	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	NN COUNTY	STATE
Nestranda Nestranda IRECTOR A Sed for use topt, of the off		220.1 certify that (I) (this hospite saw the december live on above (I)	view the body after death,	d that in (my) (aur) apinion de	eath occurred an the da	ite and haur and from the co	
HOSPITAL Corned by this FUNERAL D And Be detected to the Soule D ONTANT, if		22d PHYSICIAN'S NAME (TYPE OR	0004-004-	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	FIAN   11/5	1/86
01 5413	22- 0	STANUIST			January Comment		
BP	(	SURIAL, CREMATION, REMOVAL SPECIFY)  CREMATION		EW CREMATORY	23d LOCATION CITY OF TOWN  BALTIMOI	RE	MD STATE
DHMH - 16 60M 7/84	30	UNERAL DIRECTOR	L HOME 12RIDGELY	250. DATE	REC'D. BY REGISTRAR	75b. REGISTRAR'S SIGNATUL	RE



		I	tems, 1,8,&15	G-621 by	Mo STATE	OF MARYLAN					
00:	21162	1-	STATE 11/12/86 /		L EXAMINE	EALTH AND ME		0 0	30.	1 6	J
0 0	21107	1 5	REGISTRAR CEASED NAME FIRST	MEDICA	LEXAMINE	K.2 CEKTIFIC	CATE OF DEA	REG. NO			
	1000		PE OR PRINT)	MIDDLE	Richard	LASI		20. DATE KNOWN	-		26 HOUR
	ESES28.28		WILLIA			CHRISTIA		DEATH MATED		17	M
	# D# 5%	J. SE	X 4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		MONTHS DAYS	HOURS MIN.	2c. DATE PRONOUNCED	MONTH DAY	YEAR	2d HOUR
	STEER	11	ALE WHITE	09-11-1944	42 YRS.			DEAD	10 6	1986	10;05
-	関系を記むく	1	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WHAT CO	UNTRY?	MARRIED A NEV	VER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
U	STATE	A	UNAR MId.	UNITED ST	PIFES I	WIDOWED [	DIVORCED	Anne Arun	del Co.		MD.
.1.	1八元本品品多人/	0,0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUT	TION 12a US	UAL OCCUPATION (TYP MOST OF WORKING LIFE)	E OF WORK 12b. KI	IND OF BUS	INESS
4	THE SERVICE		denton		5 & Ridg		1,5	2,	CAN I		
	A COUNTY OF	USU Us :	AL RESIDENCE (IF IN NURSING HOME OF		TY OR TOWN	13d INSIDE CI	TY LIMITED JIZE STE	REET ADDRESS ,	^	1	
16	\$ \$ 8 B C B C		nd. H.H	. /+	RNOLD	YES 🗌	NO 1 78	O NI. LAKE	EVIFER ()	R. A	1012
9	E 223507	NICE	ATHER'S NAME	MIDDLE	LAST	15 MOTHE	R'S MAIDEN NAM	E V *MIDDLE	Dille	r	
	28555C	10	BILLY	). (H)	SISTAN	A	DREG	, moote	FISH	RA	44
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100	N N N N N N N N N N N N N N N N N N N	E.	18 CAUSE OF DEATH (Enter only	one couse per line for (o),	(b), ond (c).)		1		The same of the sa	APPROXIMATE I	INTERVAL
3	E ESESSA		PART I DEATH WAS CAUSED	CAUSE (a) Multin	le gunsh	ot wounds	(unspec	ified weapo	n)	WEEN ONSET	AND DEATH
NO.	ZZZ ZZ			DUE TO, OR AS A CO							
			Conditions, if ony, which gove rise to immediate	(b)							
3	23528		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CO	ONSEQUENCE OF						
8	SERENCE S		lying cause last.	(c)							
20	ASESSES S	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I G								
5	BANGARA -	CERTIFICATION									
	POUD B RO "PEN HIE ME USED AS OF HEAL PIAL CR	13	190 DATE OF OPERATION	196 CONDITION FO	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?						
-		] ∄								YES 🔀	NO 🗌
č	PICATE S THE WOOD THE COULD BE STAMENT		210. EXTERNAL CAUSE WAS UNDERLYING TO OR	21b. TIME OF INJURY HOUR A.M. MONT		21c HOW INJURY	OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)		
2	E 500 50	MEDICAL	CONTRIBUTING CAUSE OF D	EATH ? P.M. 9-2	26- 1986	Subjec	t shot.				
MOISION	PEN SEP	18	21d INJURY OCCURRED WHILE IN NOT WHILE IN	21e PLACE OF INJUR		21f. LOCATION STREET		CITY OR FOWN	COUNTY	TE	
2	R: THIS CERTIFICATION OF THE WARDED TO REWARDED TO REPART STATE DEPART STATE ST	2	AT WORK AT WORK	woods	, erc.,		& Ridge 1	Rd., Odento	n.Anne A	Arunde	A.MD
	R: TI VTE, ORW PR: P. D, 2		220. I certify that I tack charge	of the remains described a	e held an	Autopsy X	Inspection .		d in my apinion		
	EXAMINER: ECERTIFICATE JUID BE FOR L DIRECTOR: 4, WITH THE S MARYLAND,		/ 1/	copper D/Academ			(V)	termined manner	a in my apinion		
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	PAGE EXE	23o. B	URIAL, CREMATION, REMOVAL 23	DATE 230	NAME OF CEME	TERY OR CREMATO	RY 23d. LC	CATION			
07/8		Co	REMATION /	1-10-1986	CUFSIVI	Fun MA	EM. II	FSTVIFIN	BATC	STAT	1/
25M	DHMH - 17	24 F	UNERAL DIRECTOR	445 Rin	HIE (+	u. 12	5a. DATE REC'D. BY	REGISTRAR 256 REGIS	STRAR'S SIGNAT	URB	<u></u>
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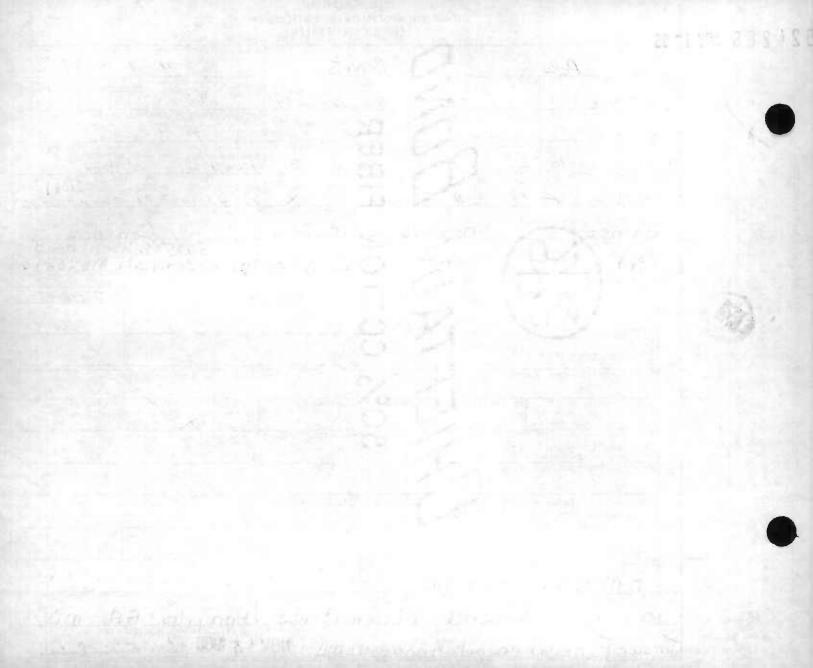




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633161	NUV I	2	STATE REGISTRAR		CERTIFICAT	E OF DEATH	REG. NO	1	
		i. DE	CEASED NAME FIRST	MIDDLE	ŁAST			MONTH DAY YEAR	26 HOUR
* 24	F 03	(TYPE	OR PRINT)	. I have	0.	1	01	5 VCC1	11.
2 00			Mani	Lucille	COD		11	01/ 3/1489	112:53AM
1 12		1. SE		4. RACE	5. DATE OF BIRT	DAN VEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR	HOURS MIN.
5 00	8-1	T	emale.	White	July	15.1919	67	YRS	
2 Bg	100	A. BI	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.	. IF. IF	9. BALTIMORE CITY O	R COUNTY OF DEATH	
看 最后	XL	113	est Virginia	1150	WIDOWED -	DIVORCED	Anne	Arundel	110
1 24	3	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS			120 USUAL OCCUPATION		MD.  OF BUSINESS OR
-11 200	42	0		(IF NOT IN SUCH FACILITY, GIVE STREET	T ADDRESS]	01 10	(TYPE OF WORK FOR MOST OF		
aH s	3	+	nnapolis	PROTHER INSTITUTION, GIVE RESIDENCE BEFO		HOSPI RU	Homema		
Z   2 pp	34	13a. S	TATE 136 COL			NSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE 2	1012
AN S III	L		no A	A. Hrnol	d YES	□ NO X	943 For	est Driv	ie
THE STATE OF	57	14. FA	THER'S NAME	MIDDLE LAST	15 M	OTHER'S MAIDEN NA	WE /	LA	
MA S	30		Alhert	Dean		Venle.	WIDDE	ĮA	.51
SE.	8 /		AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 IN	NFORMANT	ADDRE	ss Same as	
ON 1000	9 /	(	ES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	1/27/12	short !	Carlou	#13	
	X		110	AC 10 12	300 11.	oner! r.	Con rey-		YIAA A TE INITE DV A I
	3		PART I. DEATH WAS CAUS	only one couse per line for (o), (b), o SED BY:	nd ici.i	111001, 11	adidans	BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
ts 1	1		IMMEDIA	ATE CAUSE (a)	noval	audua	il am	,	
NO TO	9			DUE TO, OR AS A CONSEQU	JENCE OF				
EST deo	2		Canditions, if ony, which	( (b) Ne	mente	VIOU			
2 4 4 5 5	ž		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	IENCE OF				
Nort Nort	8		underlying cause last.	(c)					
20 1 10 10 10 10 10 10 10 10 10 10 10 10	0		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR CONF	ITION GIVEN IN PART 1	10:
20 P 27 2	and the	NO	pichall		Calle	$\alpha = \alpha$		etas west	
0 1 10	900		190. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WA		20a AUTOPSY?	20b. IF YES, WERE FINDI	NGS USED
9 5 5 5	17	FICAT					VEC D NOD	IN CERTIFYING CAUSES	S OF DEATH?
DIVISION OF VITAL NG PHYSICIAN The attending physicia the the certificate in on the the certificate in on the damage would	2/	CERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	1214	HOW IN ILLEY OCCUPE	YES NO	YES 🗌	NO 🗆
NAME OF STREET	20	0	OR CONTRIBUTING CAUSE OF D		DAY YEAR	TIO W MAJORI OCCORP	RED (ENTER NATURE OF INJUR	YIN HEM 18 PART : ORPART 2)	
O 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3	1/	Q.	(IF EITHER, NOTIFY MEDICAL EXAMIN		19				
0 1 1 1 0 P	8	MEDI	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC 1	LOCATION STREET	CITY OR TOV	WN COUNTY	STATE
V 04 149	ag.	-	WHILE NOT WHILE		0.4	01	1 /01	F. C/.	
0 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	E.		220.1 certify that (1) (this has	oital) attended the deceased from	00	, 19. 80		3 19 00	that (1) (we) last
E 8 0 5 5			saw the deceased alive o	of view the body after death.	8 O and that	t in (my) (aur) apinion (	death occurred on the da	ite and hour and from the	causes stated
Med A P	1	E	22b. SIGNATURE	or view the body other death.	DEGRE	EE	1	22c. DAJE	ESIGNED
0 4 939	<b>注</b>		/////	1014		ATTENDING	MEDICAL STAF	F 1/1	5/01-
PITA PITA Stort	7-7		THE PERSON DATE NAME (TYPE	OR PRINT)	77e	ADDRESS	DIRECTOR   PHYSIC	IAN L	1860
FUNER old be d	ORT /		DA Trad	1A PLYCIS	15	210	. 11 11 .	N 131	(0. 1.)
0 0 0 0 0	4		111721010		10	al MITCHI	6 HILDINGS	1 Droola	IN U
100	-	23a. B	URIAL, CREMATION, REMOVA	1 23b. DATE 23c	NAME OF CEMETE	ERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	SLATE
BP	-	(	remation	Nov-6,1986	Cedar	Hill	Suitar	rd PG	WD
DHMH - 16 60A	1 7/84	24 FI	NERAL DIRECTOR	A ADDRESS		25a DAT	0	256 REGISTRAR'S SIGNAT	TURE
(VRA 15, 4		110	autor Tuner	al Chapel- Ani	napolis	WID INON	- 6 1986	Julia Davidsoni	Randage

A

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH OC REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR (TYPE OR PRINT) 35 ofig CONITS page r dep 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR F LINDER 24 MRS MONTH YEAR DAYS 1889 15 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [ 19 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LOUSE WILD ttome 13b. COUNTY 21061 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Roberts Ct. Bur Wood Par IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME 2201 MIDDLE FIRST MIDDLE Maria 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c PART I. DEATH WAS CAUSED BY news. IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF e 00 uear Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2} HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION STREET CITY OR TOWN (AT HOME, STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this bosoutal) attended the decreased from saw the deceased alive an\_ and that in (my) (our) apinion death accurred an the date and hour and from the causes stated abave, (I) (we) (did) (did nat) view the pady altre starts 22b. SIGNATURE DEGREE 77: DATESIGNED ATTENDING MEDICAL STAFF PHYSICIAN SA-DIRECTOR PHYSICIAN 22e. ADDRESS 230 BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION DHMH - 16 60M 7/84 Chapel- Annapolis Mil (VRA 15, 4)



589 DEC-2	as.	FOR - STATE		DEPARTA		E OF MARYLAND BEALTH AND MENTAL HY	GIENE & O	3 0	5 8	2 4
J 0 J 026 2	94.	REGISTRAR				ICATE OF DEATH	REG. N		E	Dr
	1. DE	CEASED NAME F	RST	WIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 2	b HOUR
nay be page 3	(TYP	HARRY		CO	NWAY		NOVEMBER	23, 198		OAM .
pod pod	3. SE		4 RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIR			F UNDER 24 HRS
ctor.	MA		BLAKK		7	26 1887 YEAR	99	YRS.	THS DAYS	HOURS MIN
1 183	7a B	RTHPLACE (STATE OR FORE		S.A.		D NEVER MARRIED D	9. BALTIMORE CITY C	_		MD
3/54		ITY OR TOWN OF DEATH EN BURNIE	(IF NOT IN SU	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET RUNLEL HO	SPTTA	DR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O		12b. KIND OF E	BUSINESS OR
24 h	130.	STATE 136	HOME OF OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE  13c. CITY OR TOW  ODEN TON	ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 1385 Gal	ZIP CODE	oad 2/	113
E 198 / SK 7	14. F	ATHER'S NAME	WIDDLE			15. MOTHER'S MAIDEN NA	ME		CLARK	
2 2 2		HARRY	WIOOFE	CONWAY		TULIP	WIDDLE		EAST LAST	
ond co Poges 1	160	WAS DECEASED EVER IN	J.S. ARMED FORCES? FYES, GIVE WAR OR DATES!	16b. SOCIAL SECU		17. INFORMANT An	napolis, AM	ss 21401		
n one exe		YES NO OR UNKNOWN)		216-09-9	582	EUGENE LONG	882 Mareng	o Road		
s that the death certificated by the attending pholoses remove carbane including creman carbane and carbane and carbane are and constructions.		Conditions, if ony, wl gove rise to immed couse (a), stating underlying couse	DUE TO, Cost  DUE TO, Cost  DUE TO, Cost  DUE TO, Cost  (c)	ORAS A CONSEQUE  ORAS A CONSEQUE  ORAS A CONSEQUE  ASPIRA	ENCE OF TIVE ENCE OF TION	HEART &	NIA			
equires n signe Then p to bur njury,	Z O	PART 2. OTHER SIGNIFICATION SEVER		OTHYRO		NOT RELATED TO THE TERM	AINAL DISEASE OR CON	TRITI	IN PART 110	
he fow roon. hos been the permit rene prior	CERTIFICATION	190. DATE OF OPERATION		DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ERE FINDING	
SICIAN: 1 ng physic certificate riiol-frans ental Hyg frem 8.st		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR A	DF INJURY I.M. MONTH D I.M.	AY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	ORPART 2)	
offendir frer this as the but h and M	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	LAT MOME C	OF INJURY FREET, FACTORY, OFFICE, F	ARM, ETC )	21f. LOCATION STREET	CITY OF TO	IWN	COUNTY	STATE
ATTENDII aspital or ECTOR: A d for use d for use m 21 is mc		220.1 certify that (1) (this saw the deceased a above, (1) (we) (did)	s hospital) attended t flive on (did nat) view the body			nd that in (my) (our) opinion	, , ,	20 - 19 ote and hour an	d fram the car	
TO HOSPITAL OR retained by the h TO FUNERAL DIRI should be detache with the State Dep		226. SIGNATURE	yn kun			1	MEDICAL STA	IAN []	11-25	
etoined by TO FUNERA Should be de with the Stat		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)			22e ADDRESS 14 W	ELLHAM AVEN		TE 101	
etoined etoined TO FUN should be with the	-	CHOROS KIR				GLEN BIRNT		21061		
BP		BURIAL, CREMATION, REA	11-26.			EMETERY OR CREMATORY  A CHURCH CEM	236 LOCATION CITY OF LOWN ODEN TON	C	A.A. MA	RYLÂND
DHMH - 16 60M 7/84		UNERAL DIRECTOR	Annapolis.	Md. 2140		250 DA	TE REC'D. BY REGISTRAR	256 REGISTRAR	'S SIGNATUR	E
(VRA 15 4)	W	LLTAM REESE	& SONS MO	RTUARY P	.A.	DI	TO 0 1 4000	1.00	4	

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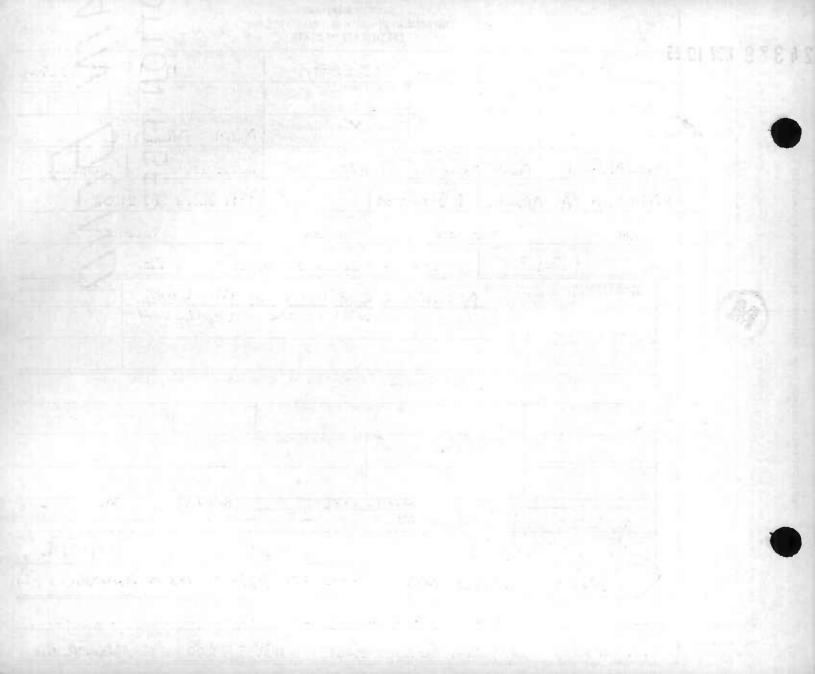
BP. DHMH - 16 50M 4/83 (VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

V 13	1 8 8	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	SUU	6 3
	1. DE	CEASED NAME FIRST		MIDDLE	l	AST	20 DATE OF DEATH MONT	H DAY YEAR	2b HOUR
	(TYPE	ORPRINT) Eliza	beth E	stelle	Csc	henk	November	5, 1986	3:30 PM
- 1	3 SE	X ,	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
10		Female	Whi	te	Augus	st 14, 1918	68	YRS.	HOURS MIN.
-		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	R	D NEVER MARRIED X	9. BALTIMORE CITY OR CO		
7		aryland	US	A	WIDOWE		Anne Aru	ndel Co.	MD.
3		ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR		OF BUSINESS OR
2		nnapolis	Anne A	rundel Ge	eneral	Hopital	Ret. Secerta:		rance Co.
200	13a. S	AL RESIDENCE (IF NURSING HOM STATE 13b. CC	UNTY	13c CITY OR TOW	VN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP		01/01
)		7	A co.	Annapoli	LS	YES NO X	1104 River B	ay Road	21401
1	14. FA	ATHER'S NAME	MIDDLE	Carahaan	-1-	FIRST	WE	D	IST
1	14a V	Henry WAS DECEASED EVER IN U.S.	ADMED EODCESS	Cscher		Margaret 17 INFORMANT (Cous	ADDRESS/	609 Drexe	rtell
1			GIVE WAR OR DATES)	214.18.2		Mr. Henry Re		ege Park,	
						ni. henry ke	mmers corr		XIMATE INTERVAL NONSET AND DEATH
		18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one couse pe ISED BY:	r line for (o), (b), or	nd (c <sup>1</sup> .)	Breast (	7	BETWEEN	YPOILS
	TION						NINAL DISEASE OR CONDITIO		
2	CERTIFICATION	19a DATE OF OPERATION	196 CONE	OITION FOR WHICH	OPERATIO	n was performed		LIF YES, WERE FIND CERTIFYING CAUSE YES	
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	DF INJURY ,.M. MONTH D .M.	AY YEAR	21c. HOW INJURY OCCURE	RED (mills manifested fluor mill	M 18 PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE LAT HOME, S	OF INJURY TREET FACTORY, OFFICE.	FARM, ETC )	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
N		22a I certify that (I) (this has sow the deceased alive above, (I) (wet) (did) (did	on 1115	186 19		nd that in (my) (our) opinion (	death occurred on the date or		, that (I) (we) last e causes stated
	Ti-			louid	Juli		MEDICAL STAFF DIRECTOR PHYSICIAN	1,	SIGNED 86
1		Strant E.	SC(OCI	iicu, u	1.0,	51 Frankli	n St. Aunap	olis, und:	21401
		BURIAL, CREMATION, REMOV	Nov 8	ALTER AND AND ADDRESS OF THE ADDRESS		EMETERY OR CREMATORY Park Cemetery	23d LOCATION CHYOR TOWN Baltimore	COUNTY	Md.
	24 FI	UNERAL DIRECTOR	200	Troo In	Juden		E REC'D. BY REGISTRAR 256 R	ĘGISTRAR'S SIGNA	
3		ingleton Funer	al Home	Glen Bur	nie,	Maryland N		Julia Davidson	

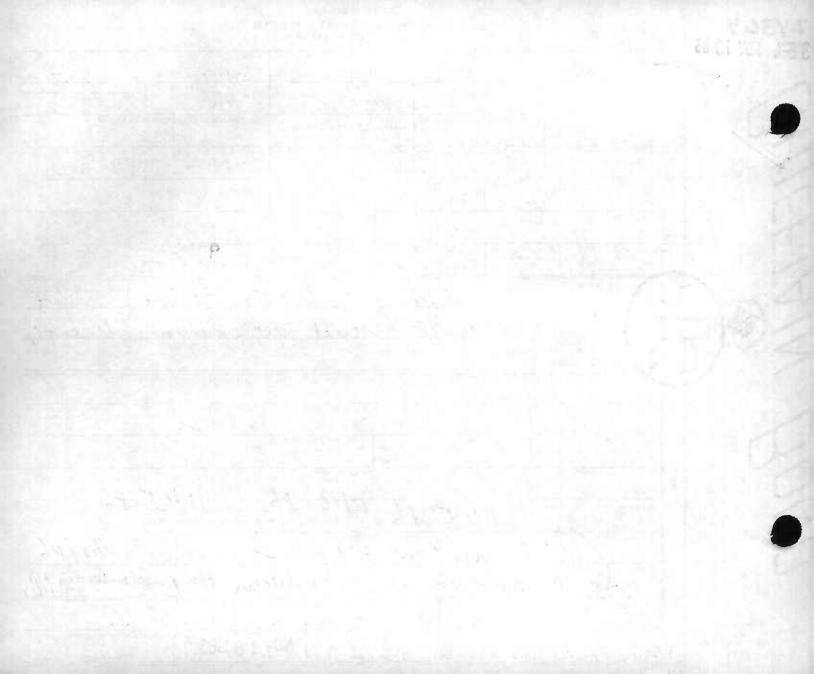
See						E OF MARYLAND			-	
TYPE CHRISTING   MARKE   SAME OF BRIDTING   SAME	7.0 202.10	1-	STATE	· DEP			0 0	<b>.</b>	0 0	20
See	1 9 MAN 19		OR PRINT)	_		AST C	20. DATE OF DEATH			
Female  White  June 1,1930  Female  Female  White  June 1,1930  Female  Female	y be		maky	Sane	_ (	LURTIN		11	86	12:30AM
Female   Wilson   State   Wilson   Wi	E	3. SE	2	4. RACE		DAY YEAR	CL CONTRACTOR	(HDAY) IF I		HOURS MIN.
Washington D. C.  Washington Death  II. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION  III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION  III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION  III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION  Washington D. C.  W	irs a					1,1930				
STATE   COUNTY   CO	of of o	Wa	Shington D.C.		MARRIE					MD.
LEFATHER'S NAME   LAST   LAS	653	0	IAPOLIL	(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		(TYPE OF WORK FOR MOST C		INDUSTRY	
16 WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   186 WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   186 WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   186 WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   27. ENGINEER OF WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   28. WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   28. WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   28. WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO.   17. INFORMANT   18. EVERT FORCES   18. SOCIAL SECURITY NO.   17. INFORMANT   18. EVERT FORCES   18. SOCIAL SECURITY NO.   17. INFORMANT   18. EVERT FORCES   18. SOCIAL SECURITY NO.   17. INFORMANT   18. EVERT FORCES   18. SOCIAL SECURITY NO.   17. INFORMANT   18. EVERT FORCES   18. SOCIAL SECURITY NO.   17. INFORMANT   18. EVERT FORCES   18. SOCIAL SECURITY NO.   17. INFORMANT   18. EVERT FORCES	135	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY A.	OTHER INSTITUTION, GIVE RESIDENCE NTY ARWALL 13C. EITXOR	E BEFORE ADMISSION) R TOWN LEWATK		13e STREET ADDRESS / 1411 Shore	ZIP CODE Dr. 2	1037	
186 WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   187 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   188 SOCIAL SECURITY NO.   17 INFORMANT   # 13e	20	14. FA	FIRST	MIDDLE LAS	ST	FIRST		Vale	ntine	
NO N-A 578-40-4419 Edward F. Curtin # 13e    Cause of Death (internal young course per line for 10.), (b), and (c).   PART I DEATH (internal young course per line for 10.), (b), and (c).   PART I DEATH (internal young course per line for 10.), (b), and (c).   PART I DEATH (internal young course per line for 10.), (b), and (c).   Conditions, if any, which gove rise to immediate course (in), stoling the underlying course lost.   Conditions, if any, which gove rise to immediate course (in), stoling the underlying course lost.   Conditions, if any, which gove rise to immediate course (in), stoling the underlying course lost.   Conditions, if any, which gove rise to immediate course (in), stoling the underlying course lost.   Conditions, if any, which gove rise to immediate course (in), stoling the underlying course lost.   Conditions, if any, which gove rise to immediate course (in), stoling the underlying course lost.   Conditions, if any, which gove rise to immediate course (in), stoling the underlying course lost.   Conditions, if any, which gove rise to immediate course (in), stoling the underlying course lost.   Conditions, if any, which gove rise to immediate course (in), stoling the underlying course lost.   Conditions, if any, which gove rise to immediate course (in), stoling the underlying course lost.   Conditions, if any, which gove rise to immediate course (in), stoling the underlying course lost.   Conditions, if any, which gove rise to immediate course (in), stoling the underlying the underlying course (in), stoling the underlying course (in), stoling the underlying the underlying course (in), stoling the underly	P # 1			/E WAR OR DATES)						
PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE 10)  DUE TO, OR AS A CONSEQUENCE OF  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  TO TO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  TO TO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  TO TO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  TO TO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  TO TO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  TO TO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  TO TO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  TO TO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  TO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  TO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  TO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  TO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  TO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  TO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  TO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  TO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  TO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  TO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  TO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  TO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  TO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  TO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  TO TO THE TERMINAL DISEASE OR CONDITION	2 1/			578-4	0-4419	Edward F. Cu	irtin #	13e	103	
OR CONTRIBUTING CAUSE OF DEATH PLOUR A.M. MONTH DAY TEAK (IF EITHER, NOTHEY MEDICAL EXAMINER)  P.M. 19  21d INJURY OCCURRED  WHILE AT WORK AT WORK  22d. I certify that (I) (thic hespital) attended the deceased from 19 80, and that in (my) (exc) apinian death accurred on the date and hour and from the causes stated of the county of the c	fhen p to bur njury,	ATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	(b)	SEQUENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN		
OR CONTREUMED CAUSE OF DEATH HOUR A.M. MONTH DAY TEAM    19	pe be	JEC.	THE DATE OF OFERATION	The Condition of the Co	VIII CH CI EKATIC	TO WAS TENT ON MED		IN CERTIFYIN	NG CAUSES	OF DEATH?
WHILE AT WORK IN A WORK IN	ental Hygi		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH			RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	I OR PART 2)	
sole the deceased alive an oblive, (i) (me) (did) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIR	and ond ked	WED	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C		STREET	CITY OR TO	WN	COUNTY	STATE
Burial 11-18-86 Lakemont Cemetery Davidsonville A.A. Md.  24 FUNERAL DIRECTOR  138. BOATE 138. BOAT	DIRECTOR: iched far us Dept. af He item 21 is i		say the deceased alive an above, (I) (we) (did) (did no	attended the deceased in view the bady after death.	19 <u>86</u> , as	nd that in (my) (see) apinian DEGREE ATTENDING	death accurred an the de	· F	nd from the c	
Burial 11-18-86 Lakemont Cemetery Davidsonville A.A. Md.  24 FUNERAL DIRECTOR  136. BORTAL CHEMATION, REMOVAL 136. DATE  137. BORTAL CHEMATION, REMOVAL 136. DATE  138. BORTAL CHEMATION, REMOVAL 136.	o FUNERA hould be do with the Sto	(				22e ADDRESS			ANAPO	11) 2/4
		23a. I	BURIAL, CREMATION, REMOVAL SPECIFY) SUPIAL				CITY OR TOWN	ville .	A.A.	Md . STATE
WRA 15.4) T. A. Hardesty Annapolis, Maryland 21401 NOV 18 1986 Like Markey P. dee	MH - 16 60M 7/84	24 F	NAME	ADD	ORESS.	NIC	E REC'D, BY REGISTRAR		-	



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Bissie Davis Homes Union memorial Davidsonwille Cem. a. and 265 26200





(VRA 15, 4)

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FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

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- STATE REGISTRAR DECEASED NAME TYPE OR PRINTI Jearline Felicitas. Douglas 4. RACE S. DATE OF BIRTH 3. SEX MONTH DAY B 1921 Mar 7a BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED U.S.A. WIDOWED CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Madison St Annanolis USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
1136 COUNTY
1137 CITY OR TOWN 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Annapolis YES XX NO A FATHER'S NAME 15 MOTHER'S MAIDEN MIDDLE Charles T 符首符 Henry Florence 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 18 07.18 Thomas Hen No CAUSE OF DEATH (Enter only one couse per line for rot, (b), and ic > PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2 L. HOW INJURY OCC HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased olive on Deceased and that in (my) (our) opinion obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 1616 Forest Drive Annapolis, Md Donald C. Roane 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION CITY OR TOWN (SPECIFY) St. Mary Catholic Burial Nov 13, 1986 Annapolis

DHMH - 16 60M 7/84

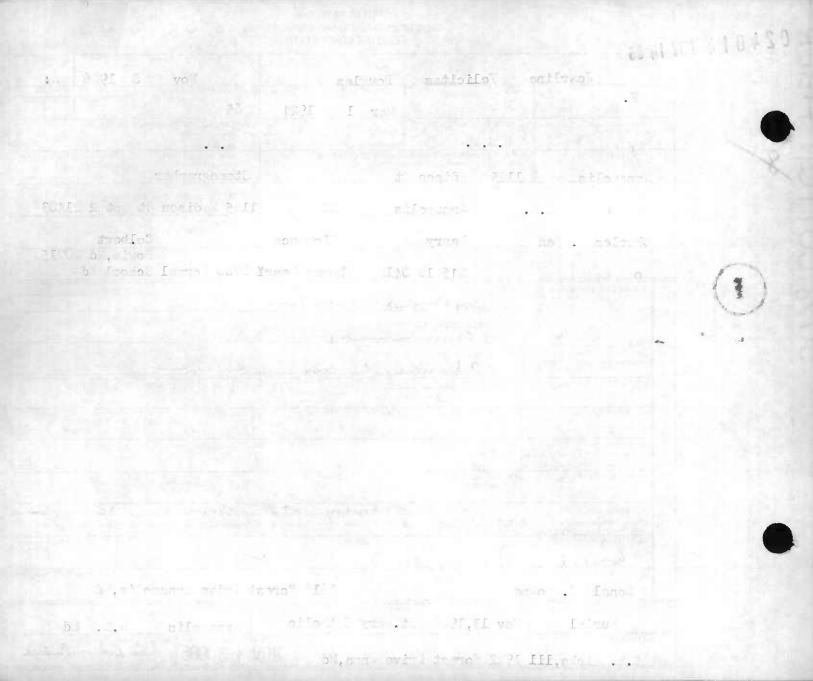
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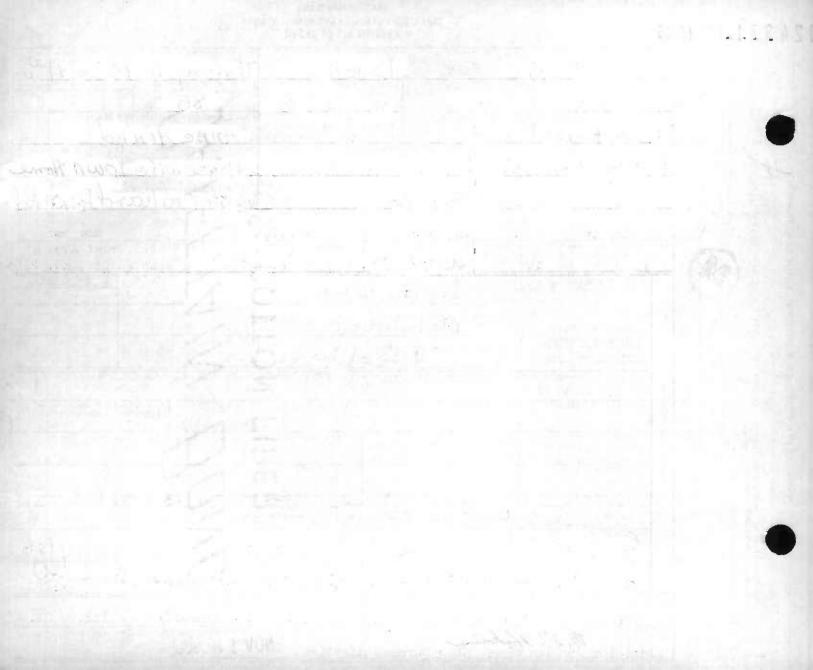
24 FUNERAL DIRECTOR

(VRA 15, 4) C.E. Hicks. 111 1922 Forest Drive Anna. Md BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE



			FOR			DEDA		E OF MARYLAND	CIENE		2 0	2 1
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1	11/	1 Wa	shington	, DC	USA		WIDOW		Ann	e Arunde	1 Co.	MD.
	バガタア	10 C	TY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NUI	RSING HOME (	OR OTHER INSTITUTION	120 USUAL O	CCUPATION OR MOST OF WORKING	12b. KIND OF	F BUSINESS OR
atr:	11/10	1	Millersv	ille	17 11	and Man	as Massa	ing Home	Homem		Own I	lome
212 Hours	54 1	₩ŚU 13a	AL RESIDENCE (IF METATE	URSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION)	F13d. INSIDE CITY LIMITS?	12. STREET AL	DRESS / 7IP CO	DE	
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7	13XXX		THER'S NAME					15 MOTHER'S MAIDEN N				
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DIVISION OF VITAL RECORDS	ws ne	CERTIFICATION			1,12,00,12		, , , , , , , , , , , , , , , , , , , ,			INCER	TIFYING CAUSES	OF DEATH?
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ATTA	hospit hed for ept. of tem 21		abave, (1) (www		t) view the bad	y after death.	,, 0	nd that in (my) ( <del>our) o</del> pinia	n death accurred	an the date and h	aur and fram the o	auses stated
8	. 0 40		22b GNATURE	10	1	00	5m	ATTENDING.	MEDICAL	STAFF	22c. DATE S	SIGNED
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5	6 ⊨ 2 3 ₹	23a. I	URIAL, CREMATIC	N, REMOVAL	23b. DATE	1	3c NAME OF	EMETERY OR CREMATORY	23d. LOCAT	ION HOWN	25 CHANTH	
	BP		Cremati	on	Nov 14	,1986	Securit	y Process, I		nsville	Balto.	Md.
DH	MH - 16 60M 7/84	24 F	INERAL DIRECTOR	8 24	011					GISTRAR 256 REGI	STRAR'S SIGNATU	JRE
DIII	(VRA 15, 4)	S	ingleton	Funera	1 Home	Glen B	urnie.	Maryland	IUV 18	1980	A	



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should be detoched for use as the buriol-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal

MPORTANT: If Item 21 is morked or Item 18 shows ony

TO FUNERAL DIRECTOR: After this certificate has been

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TO HOSPITAL OR

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injury, or other troumotic events

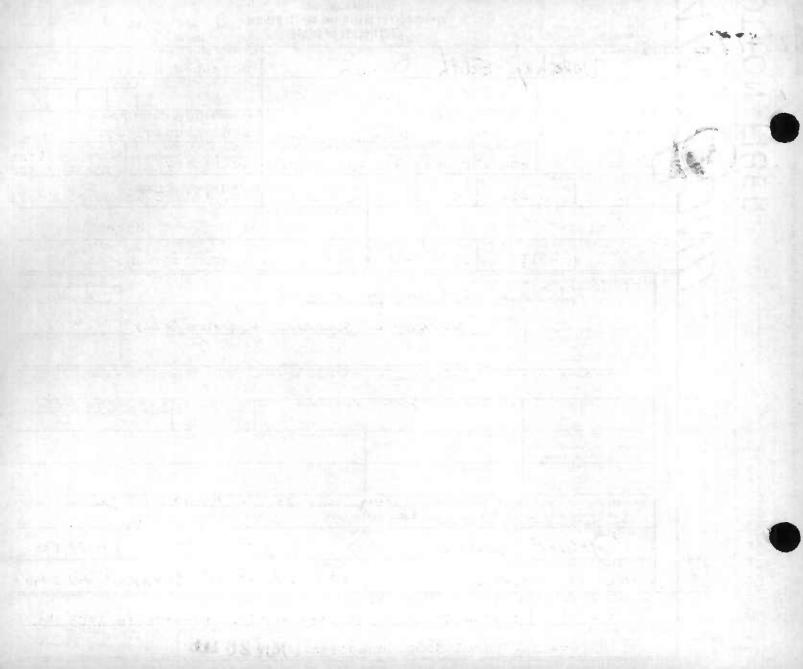
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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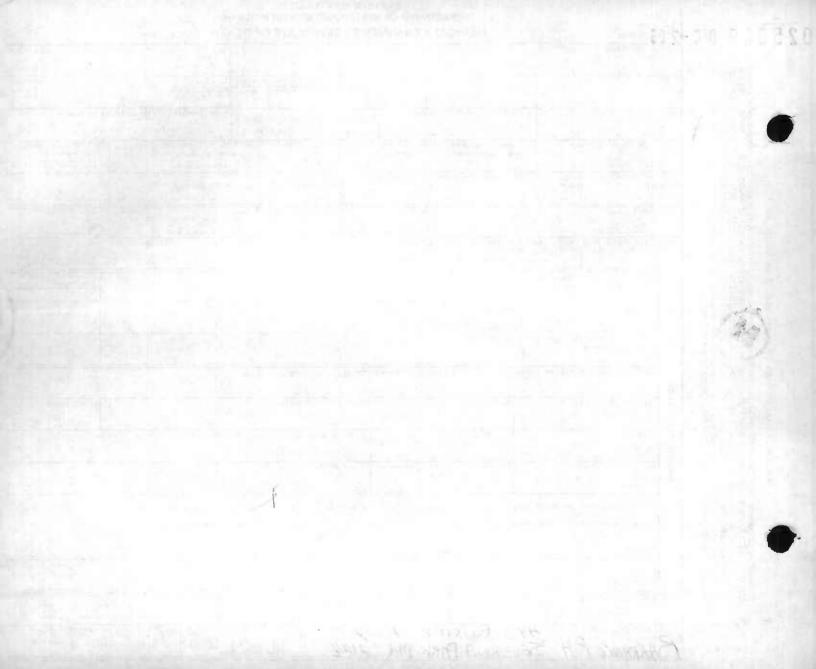
1	FOR STATE REGISTRAR	and the second		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	3	0 0	17 6
	DECEASED NAME FIRST	MIOOLE	1	AST	20 DATE OF DEATH		YEAR 25.	HOUR
(1)	TOROTA	12 Fditt	Dix	on	November	23. 1	986	**
3. 5	SEX_	4. ACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		/	UNOER 24 HRS
	female	White	Augu	st 23 1900	86	MONTH	HS. DAYS HO	DURS MIN.
16	MRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT CO		130 23 1900	9 BALTIMORE CITY OF	P COUNTY OF I	DEATH	
Callery.	Washington DC	USA	MARRIE	D NEVER MARRIED		-		
C 14	THE R TOWN OF DEATH		WIDOWE		Anne Aru			MD.
点	Annapolis	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, G Anne Arun	del Gene		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Secretar	F WORKING LIFE) IN		erican ry Asso
130		ACO. 136. CITY An	or town napolis	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE 42 Ram	shore	Trail
1	FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA			LACT	
W	Charles	Dav	is	<sup>™</sup> Blanc	che	Gar	rol	
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	ADDRE	SS		- X
	(YES. 40 OR UNKNOWN) (IF YES CA	11 579	-44-3285	Dorothy E.	Lingebac	h Same	as #	13
	18 CALISE OF DEATH (Enter or	ly one couse per line for to	(h) and (c)				APPROXIMATE BETWEEN ONSE	INTERVAL
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY: TE CAUSE (0) RES	PIRATORY	ARREST			1 Ma Cus	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CO	DISEQUENCE OF		ALLITE READY /		3 24.	
CERTIFICATION	PART 2 OTHER SIGNIFICANT (	196 CONDITION FOR			20a AUTOPSY?	20b. IF YES, WE	RE FINDINGS	
1 1					YES NOT	YES 🗌		10
MEDICAL CER	OR CONTRIBUTION CONTRACTOR OF ACT	HOUR A.M. MON	19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I C	OR PART 2)	
MED	21d. INJURY OCCURRED  WHILE DOT WHILE DAT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)		21f LOCATION STREET	CITY OR TOV	yN C	COUNTY	STATE
	220. I certify that (I) (this haspi sow the deceased alive an above, (I) (we) (did) (did no	11-23	10 86 00	a that in (my) (our) opinion (	deoth occurred on the da	, 17	from the cous	
	276. SIGNATURE	2 Julis	(	ATTENDING PHYSICIAN	MEDICAL STAF	F	22c. DATE SIGN	
	JOHN D.	5ACKSON		1633 POR	PEST DR. A	PRAPOL	is, the	21401
230	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	- 604	INTV	CTATE
	Burial	11-25-86	Lakemo	nt Cemetery		nvilla	AACO	Md
24.	FUNERAL DIRECTOR			250 DAT	E REC'D. BY REGISTRAR	256 REGISTRAR'S	SSIGNATURE	
	Hardest	y Funeral i	Home Ann	apolis, MO	V 26 1986	Julia Da	ordern-Ros	ndallo.

DHMH - 16 60M 7/B4 (VRA 15, 4)

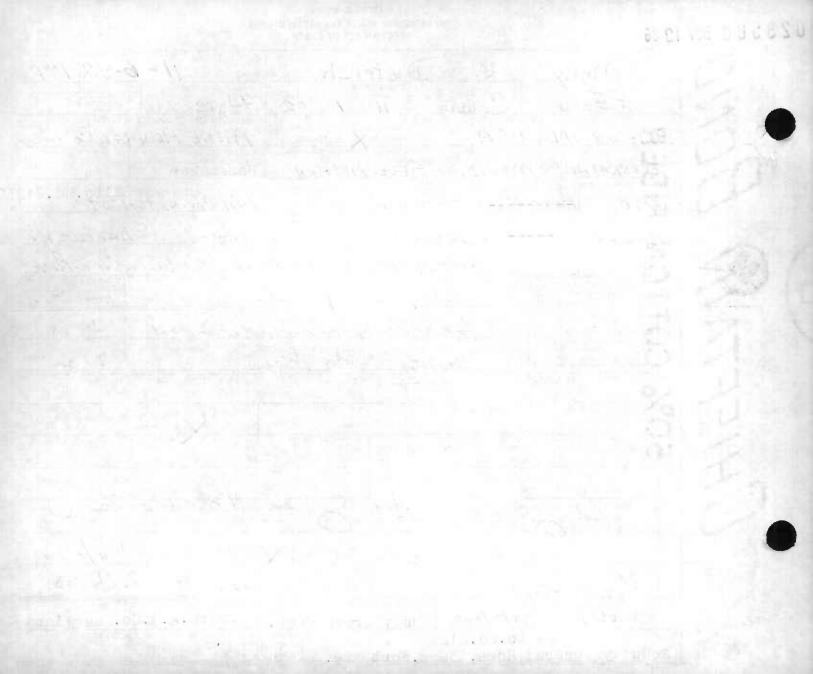


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE PREGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED HE FUNERAL DIRECTOR.
GE 5 FOR YOUR FILES.
ILED, WITHIN 72 HOURS
D), W PRESTON STREET, Edward Arthur Diedrich 249 86 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR 4. RACE JE UNDER 24 HRS 2d. HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED :50P White March 14,1914 72 DEAD Male. 2419 86 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED FOREIGN COUNTRY) United States New York WIDOWED DIVORCED Anne Arundel County, 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)

OR INDUSTRY IR CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Machinist Annapolis Factory Sandy Point Marina (parking lot) USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN | 130 INSIDE CITY LIMITS? | 130 STREET ADDRESS | YES | NO 🔯 713 Dividing Rd. / 21146 Md. A.A. Severna Park YES [ 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST Н. Smith Edward Diedrich Emma Howard The WAS DECEASED EVER IN U.S. ARMED FORCES 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) GIVE 577-07-6988 Mr. Edward R. Diedrich (same as 13) No 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Shotqun wound of abdomen DUF TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to USED AS A E OF HEALTH CERTIFICATION 19a, DATE OF OPERATION E 3 SHOULD BE USED A DEPARTMENT OF HE IPROR TO BURIAL, 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 1 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR MONTH DAY YEAR UNDERLYING TOO Self inflicted 0 CONTRIBUTING CAUSE OF DEATH 24 19 86 12:40h. 11 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) parking lot Sandy Point Marina A.A. Co. MD. TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STIP BALITMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held on Autapsy X Inquiry and in my opinion X death resulted from: Natural couses Hamicide Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 11/25/86 EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. ADDRESS (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION Cremation Westview Crematory Md. 11-26-1986 Westview Balt. Co. 07/84 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 BEGISTRAR'S SIGNATUR **DHMH - 17** Deviden. (VR A15 ME (5))



		iten # 2a,Film G62			OF MARYLAND		2.002	
023580 NOV	之	FOR STATE REGISTRAR	DEP		ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 0	<b>ડ</b> o.	0004
may be page 3 er death		CEASED NAME FIRST PARY	RACE	D'etr S. DATE OF	ich	20 DATE OF DEATH  6. AGE (IN YEARS LAST BIR	MONTH DAY	YEAR 2b. HOUR 1 PM
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in 72 h	E	Saltimore MD	USA	MARRIED		ANNE	ARUNI	/A
by the f	5	EVERNATARKMO.	NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES MERIDIAN		. 0	12a USUAL OCCUPATION OF THE OF WORK FOR MOST OF HOMEMAKE	F WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
MARYLAND 2120		AL RESIDENCE (IF NURSING HOME OR OTH STATE	HER INSTITUTION, GIVE RESIDENCE & 13c. CITY OR	LTIMORE	AEZX X NO	1411 COVI.	ZIP CODE I	Balto.Md.2123
MARYL Operation		ATHER'S NAME  ADOLF  MIDI	DLE Schae	der	S MOTHER'S MAIDEN NAM	atherine	SI	hakowski
BALTIMORE	16g. \	VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN)   (IF YES, GIVE W. NO		74-0070	Carneline De	uncan Meri	ss deen Nog	Ch Stark
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ordo, 2	TION	PART 2. OTHER SIGNIFICANT CON	1					
VITAL RECO	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WE			20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [	VERE FINDINGS USED NG CAUSES OF DEATH?
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir to ottending physicion.  Iter this certificate has been signost the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or fleat 18 shows ony injury	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INTER	Y IN ITEM 18 PART	1 OR PART 2)
DIVISION DING PHY or oftendin After this e os the bu alth and M morked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF		RIF LOCATION STREET	CITY OR TO	NN /	COUNTY STATE
TENDO Intol or ICOR A or use of Heal		22a. I certify that (1) this hospital) sow the described alive on above, (1) (we) (did) (and not) vi	NOV 3		that in (my) our) opinion o	deoth occurred on the do	te and hour or	tho (I) (ye) lost and from the couses stated
O .		22b. SIGNATURE		DE	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗌	22c. DATE SIGNED
TO HOSPITAL or retained by the TO FluwERAL Eshauld be detached with the State Dimportant: if		22d. PHYSICIAN'S NAME (TYPE OR PRI	INT)		22e ADDRESS	nover 59	i Ba	lto MD.
BP		Burial	11/8/1986	Holy C	ross Cemt.	Balto.	A.A.Cc	Mary land
DHMH - 16 60M 7/84 (VRA 15, 4)			Lto.Md.2123	Q	25a DATE			



PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 210 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY 57A19 (our) opinion death accurred an the date and how and from the causes stated 27c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN ISPECIFY) Cremation CITY OR LOWN 11-20-86 Westview Crematory Westview, Balt BP. 495 RITCHIE DHMH - 16 60M 7/B4 NCO FUNERAL HOME Severna PARK MO (VRA 15, 4)

STATE OF MARYLAND

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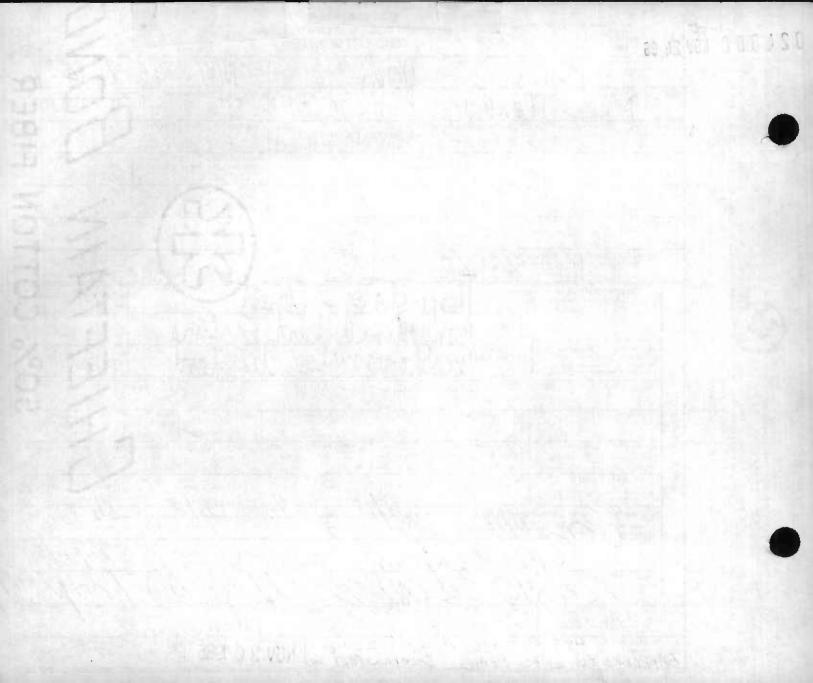
12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN DISSET AND DEATH

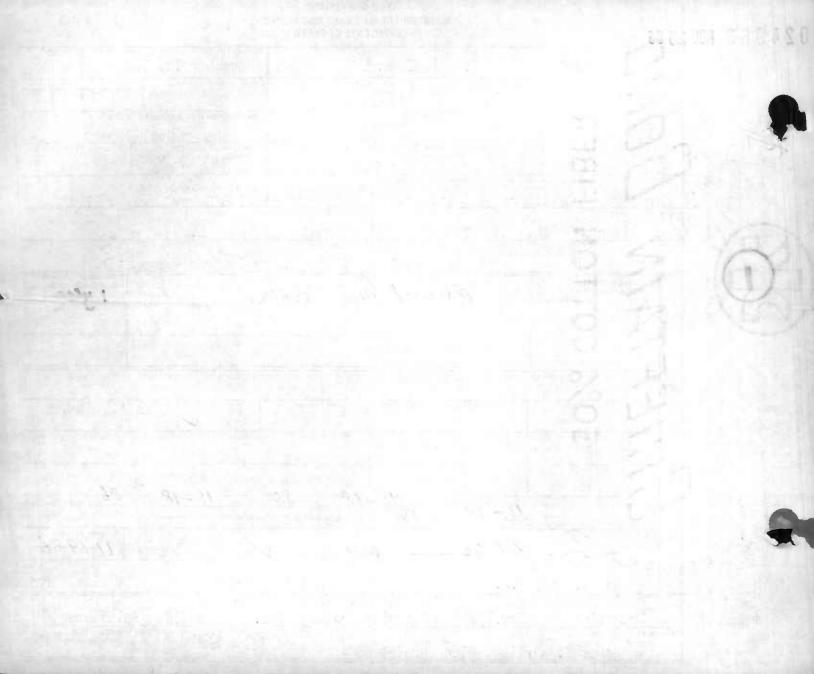
Steel Mill

INDUSTRY

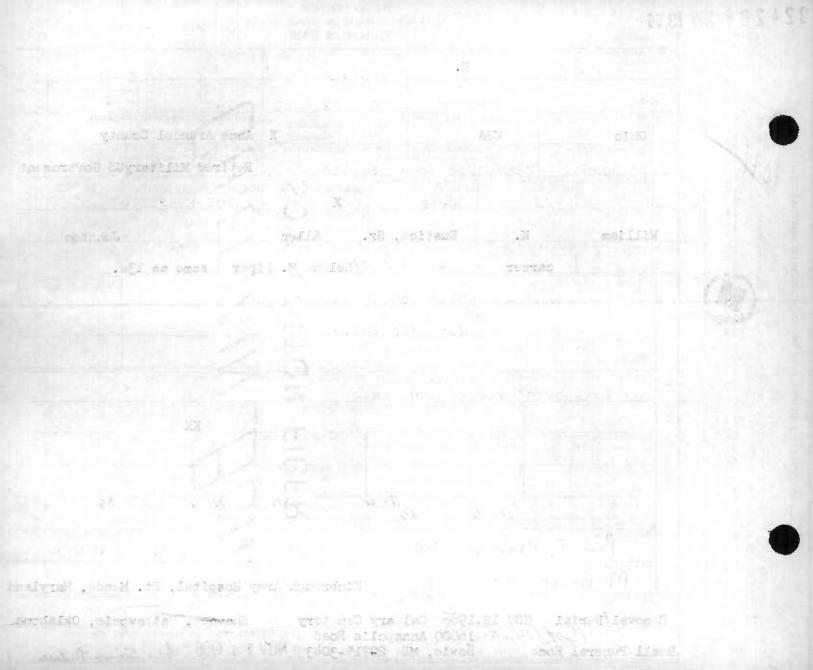
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH LEYPE CA PAINT Doris Edwards November 18, 1986 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 1. SEX November 21, 1927 White Female. I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED USA Baltimore, MD Anne Arundel County WIDOWED DIVORCED [ 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Glen Burnie North Arundel Hospital Homemaker 131 COUNTY 13e.STREET ADDRESS / ZIP CODE Baltimore /Baltimore Maryland 6108 Sunny Lane 21207 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST 01iver Wroten Anne ADDRESS 160' WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) LIF YES GIVE WAR OR DATES! William Henry Edwards, Same as 13 216-20-1312 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line far La), (b), and (c) PART I. DEATH WAS CAUSED BY drame DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIL 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this hospital) ottended the deceased from and that in (my) (our) opinion death occurred an the date and hour and from the causes stated DEGREE ATTENDING ... Long S. Hsu, M.D. 300 Hospital Drive, Suite 230, Glen Burnie, MI 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL Cremation Security Process, Inc. Baltimore Nov. 19.86 Catonsville 250. DATE REC D. BY REGISTRAR 250 REGISTRARS SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 James S. Kirkley, Glen Burnie, MD (VRA 15, 4)



21200 404	1.			STATE OF MARYLAND		7
24298 NOV	18.	FOR	DEPARTA	NENT OF HEALTH AND MENTAL HYC	SIENE X 6	30001
		* STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1 DE	CEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH M	ONTH DAY YEAR 76 HOUR
o ∞ €		E OR PRINT)	K.		Te. Date of Death	A
ay be age 3 death		WILLIA	<u> </u>	EUSTICE		1-06-86 0523 M
a d	3 SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER I YEAR IF UNDER 24 HRS
s of s		Male	Caucasian	12 22 16	70	YRS.
6 40 A	70/P	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OR	
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11/20	10 0	CITY OR TOWN OF DEATH	I.F. NAME OF HOSPITAL, NURSIN		120 USUAL OCCUPATION	
E 1/3/33 8	/ E	ort Meade	Kimbrough Arm		Retired Mil	litaryUS Government
5 1054/55 57	WSU	IAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE			9 = -7/1
0 V 35 1	13a.	STATE N. COUR			13e STREET ADDRESS / 2	
AN SEE SX	1	MD PO	Bowle	YES X NO [		dsfield Lane
KY # 197	PLE	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
MAN by	1	William	K. Eustic		Milost	Johnton
# 5 0 -/ G	160	WAS DECEASED EVER IN U.S. AR			ADDRESS	S
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death configure be executed within 2 min of antique physician.  When this certificate has been signed by the office of the properties of the burial-ranks permit. Then please removements are reported by the order of the properties of the burial-ranks permit in the please removements.  The and Mental Hygiene prior to burial, cremation or red or them 18 stokes on injury, or other transmane.	11		VE WAR OR DATES)	0016/5- 5		
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that that l by sase al, c		underlying couse last.	(c)			
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ECOR Deer mit.	F	190 DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
he lover the permit to per	유					IN CERTIFYING CAUSES OF DEATH?
/ITAL	= =				YES NOW	YES NO
ON OF VITA IYSICIAN: TH ding physicic buriel-transit Mental Hygia Ar Item 18 s6		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		Y YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART T OR PART 2)
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DIVISION DING PARENTE After the cost the column and marked	71	AT WORK AT WORK		11-6 10.86	10 11- Ca	8/
Z = 0 5 0 2			ital) attended the deceased from	, 17_00		, 19 66, that (I) (we) last
The property	9	sow the deceased alive on abave, (1) (we) (did) (did no	of view the body ofter death.	, and that in (my) (aur) opinion	death occurred on the date	e and haur and fram the causes stated
At OR ATT the hasping that DIRECT detached detached of ore Dept of ore Dept of	/	22b. SIGNATURE	00 0 00	DEGREE		22c. DATE SIGNED
0 0 0 0 4		Paul,	Myrule no	ATTENDING PHYSICIAN [	MEDICAL STAFF	
E 0 E - E Z		22d PHYSICIAN'S NAME (TYPE	IR PRINT)	22e. ADDRESS	J DIKECTOR LI PHISICIA	
HOSPII HOSPII Fure R	/	MCBRIDE				
O HOS etained fo fur he fer mile		1 1 GKIDE	Thee I.	Kimbrough Ar	my Hospital,	Ft. Meade, Maryland
E E E E	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	236. LOCATION	COUNTY STATE
BP	F	Removal/Burial	NOV 12,1986 Ca	lvary Cemetery		attawomie, Oklahoma
	24 F	UNERAL DIRECTOR				b. REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/84		NAME SOLL	ADDRESS	USDOTIS VOSA	11 4000	
(VRA 15, 4)	Be	all Funeral Hom	e Bowie, M	D 20715-3043 NU	V 1 4 1500 /	Julia Troiden Pondage



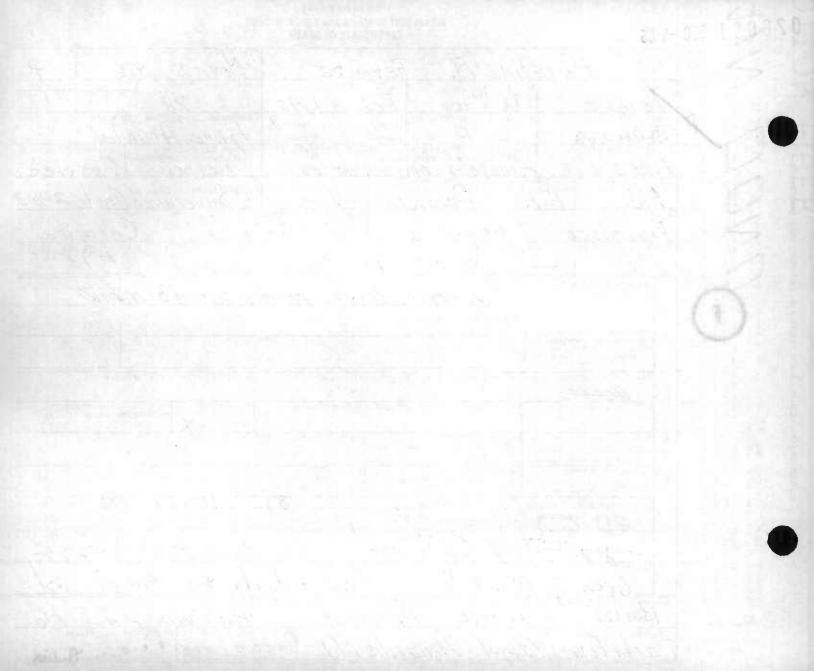
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CERTIFICATE OF DEATH	U	REG. I	NO.	DAY	YEAR	26 HOL	IP.
STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HYGIENE			2	a		3	8

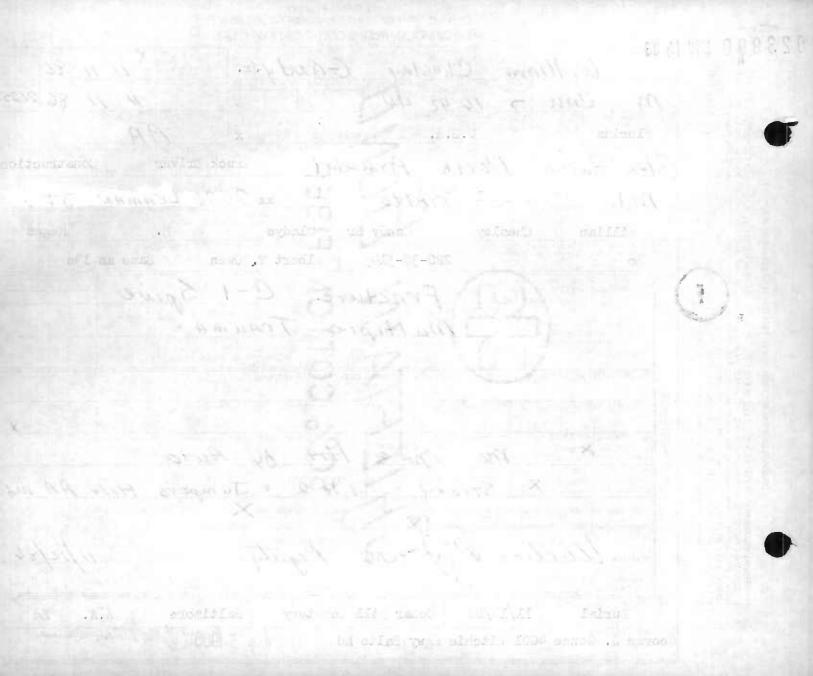
OEC -	4	GUGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		EASED NAME FIRST	/ MIDDLE	LAST ,	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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	1.583	2 1	RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS M
X	Ja Bi	EMA-IE RTHPLACE INLATE OFFICIAL TO	CITIZEN OF WHAT COUNTRY	reb. 3, 1898	9 BALTIMORE CITY OR COUN	
	B	ERMUDA	USA	MARRIED NEVER MARRIED	4 // - 7	inde/
t	10.9	OR TOWN OF DEATH	I NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120. OSUAL OCCUPATION	126, KIND OF BUSINESS INDUSTRY
1	h	AL RESIDENCE (IF NURSING HOME OF O	THIRAPOLIS COI	NUZIES CAT (Enter	POVET ness.	Retires
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t	II.Fa	THER'S NAME	DDIE 7 WASIN	15 MOTHER'S MAIDEN		D LAST C
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I		VAS, DECEASED EVER IN U.S. ARMI (ES, AOOR UNKNOWN) (IF YES, GIVE V	ED FORCES? 16b. SOCIAL SEC	CURITY NO. 17 INFORMANT	7 Daving In	# Same as
ŀ		IN CAUSE OF DEATH Save and	02/-28	-1736   WIIII AM	It vevine, ar.	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
П		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY: On Lane	Eclinti non	Marinalla	BETWEEN ONSET AND DE
1	4	IMMEDIATE	CAUSE (o)	SUMOJE 109	allow allow	dones
ı			DUE TO, OR AS A CONSEQU	UENCE OF		
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1		couve (a), stating the	DUE TO, OR AS A CONSEQU	UENCE OF		
ı		underlying couse last.	(c)			
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7	IFICAT	19E DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
4						TIFYING CAUSES OF DEATH?
đ	CERT	21a. ACCIDENT WAS UNDERLYING.	21b. TIME OF INJURY	I 21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 1	
1	1	ON CONTRIBUTING CAUSE OF DEATH	1	DAY YEAR	(Enter Minute of Manual Property	u i na i i oa i na i a
1	Ď.	(REQUES HOURS HEDICALEXAMINES)	P.M.	19		
1	MEDIC	214 MJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STA
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ı		220.1 certify that (I) (this hospita	I) ottended the deceosed from	. 19_0	1,10 11/01	_, 19, that (I) (we
П		above, It we (did (did not)	19.	, and that ir (my) (our) opini	ion death occurred on the date and h	iour and from the couses state
1		721 SIGNATURE	view the body over death.	DEGREE		22c DATE SIGNED
П		Gregory Miles	109 mi LVI	ATTENDING		11/29187
4		224 PHYSICIAN'S NAME ITYPE ORE	Jany II	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	1/2/00
ı		220 PHISICIAIN S NAME THEORY	11 1 11	THE ADDRESS V	1. 1 M. A.	1.0 .0.1
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1	1	201124	12-1-86	Hillerest	HINA DOIS	H.H. Mo
I	24. FI	NEPAL DIRECTOR	0, 0	25a. 1	DATE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
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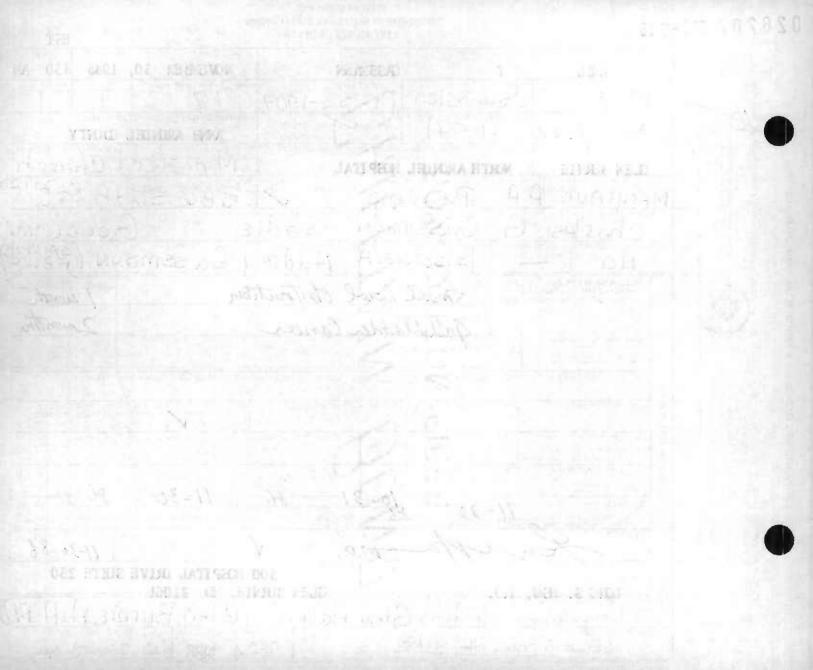
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 025721 DEC REG. NO 1. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) DEATH MATED Franklin DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 9 BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED Duluth, MN U.S.A. DIVORCED XX WIDOWED [ 11. NAME OF HOSPITAL NURSING HOME, OR OTHER Consultant Legislative 13e STREET ADDRE E. Frank Fochtman Catherine Fisher 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) 468-34-6893 Jed Fochtman, 2717 Franklin Ct., Alex, VA 18 CAUSE OF DEATH (Enter only one cause per the for (a), (b), and (c). PART I DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IR 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 0230p.M. 1/-2 Z 1986 21e PLACE OF INJURY (AT HOME. NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection 🔀 Accident death resulted from: Natural causes Homicide . Undetermined monner 11-22-86 EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial, Removal 11/25/86 Quantico National Quantico, Virginia STATE 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** Green Funeral Home, Herndon, Virginia (VR A15 ME (5))

025701 77-305 John St. N. St. St. Committee THE PERIOD HELD SHOWER & VALLEY alt HA Herryolfs TAS made the Most Transfer Care I reson The part of the second of the second THE THEORY AND CHECK ROLL BY A PARTY The think of the said of the s ALL ALL STORY AND RELIGIOUS AND RESIDENCE OF THE STORY AND RESIDENCE OF THE STORY AND ADDRESS OF

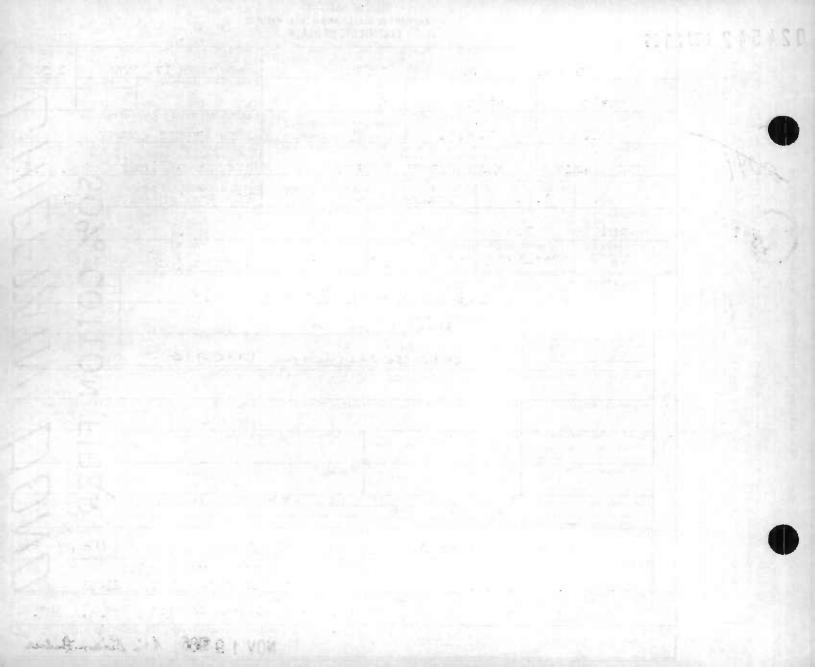
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE TE OF DEATH GISTRAR SED NAME 20. DATE KNOWN LIVE CE PRINT) ESTI-485 Jr. 1986 DEATH MATED IF UNDER 1 YR 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 44YRS DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Florida U.S.A. WIDOWED [ CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Construction Truck Driver COUNT 13d INSIDE CITY LIMITS? 13 TREET ADDRESS Anne Arundel 422 Cresswell Road 21225 NOXX FATHER'S NAME 15 MOTHER'S MAIDEN NAME Gladys William Chesley Gandy Sr Meggs Μ. 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 220-38-5145 Albert T. Owen Same as 13e 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID TE WRITING THE WORD "PENDING WARDED TO THE CHIEF MEDICAL PAGE 3.5 HOULD BE USED AS A BIT STATE DEPARTMENT OF HEALTH AD 21201 PRIOR TO BORIAL, CREWA 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MOR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY ( AT HOME. WHILE AT WORK PAGE 4 SHOULD BE FOWN
TO FUNERAL DIRECTOR PAFTER DEATH, WITH HEST,
BACTIMORE, MARY FALLS 2 22a. I certify that I taak charge of the remains described above, held an Inspection and in my apinian death resulted fram: Natural causes Suicide Hamicide Undetermined manner DATE MEDICAL EXAMINER EXAMINER'S NAME William P. Jones, M.D. America Crt. Davidsonville, Md. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION SPECIFY) Burial 11/14/86 Cedar Hill Cemetery Baltimore Md 07/84 25M 24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Hgwy Balto Md **DHMH - 17** (VR A15 ME (5))



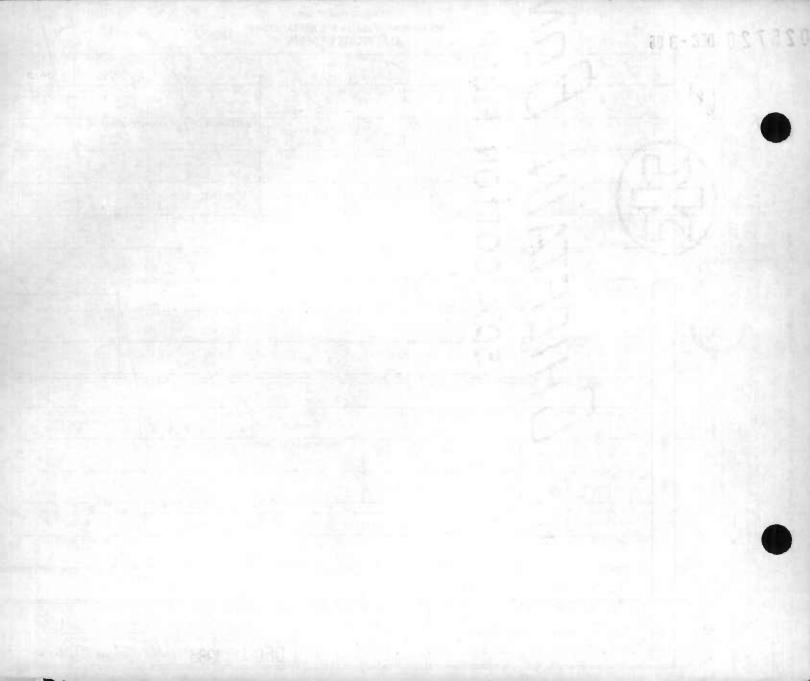
				STATE OF	MAKTLAND				
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mo fer o	3. SE.	mak	4 RACE	5. DATE OF BI	RTH YEAR	6. AGE (IN YEARS LAST BIRT	(DAY) IF UP	MDER I YEAR	IF UNDER 24 HRS HOURS AIN.
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1154	10. €	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY			120. USUAL OCCUPATION		ND TR	F BUSINESS OR
5 2 2		GLEN BURNIE	NORTH ARI		\L	1 Juliuiz	ter	Ch	urch
ND 21	13a	TATE ACULAND SING HOME		Y OR TOWN	INSIDE CITY LIMITS?	13e.STREET ADDRESS /	SIX +	45	J 21/35
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BALTIMOR		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for	(o), (b), opd (c),	Not-	<del></del>		APPROXU BETWEEN C	MATE INTERVAL
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DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The law requir offer this certificate has been sig os the buriol-transit permit. Then th and Mental Hygiene prior to be orked or Item 8 shows any injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION W	AS PERFORMED	20a AUTOPSY?	20b. IF YES, WI	ERE FINDIN	IGS USED
he lo	I E					YES NOT	IN CERTIFYING	G CAUSES	OF DEATH?
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PHYS ending this or the burned Me dor the	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJU	RY DRY, OFFICE, FARM, ETC.)	LOCATION	CITY OF TOV	'n	COUNTY	STATE
DIVISION PHOREM TO THE THE OF T	1	AT WORK NOT WHILE		4 2	, 0/	11 7	_	0/	
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E 9 5 5 6 5			view the body ofter de	oth.	- Auto-	death occurred on the do	e and hour an		
Chep Chep		17h SIGNATURE	a sh	A DEG	ATTENDING 1	MEDICAL STAF	1000	771 DATE S	HIGNED /
SPITAL O d by the NERAL DI be detocl e Stote De		224 PHYSICIAN'S NAME (TYPE	a CKI	mil	PHYSICIAN [	DIRECTOR PHYSICI		11-3	0-06
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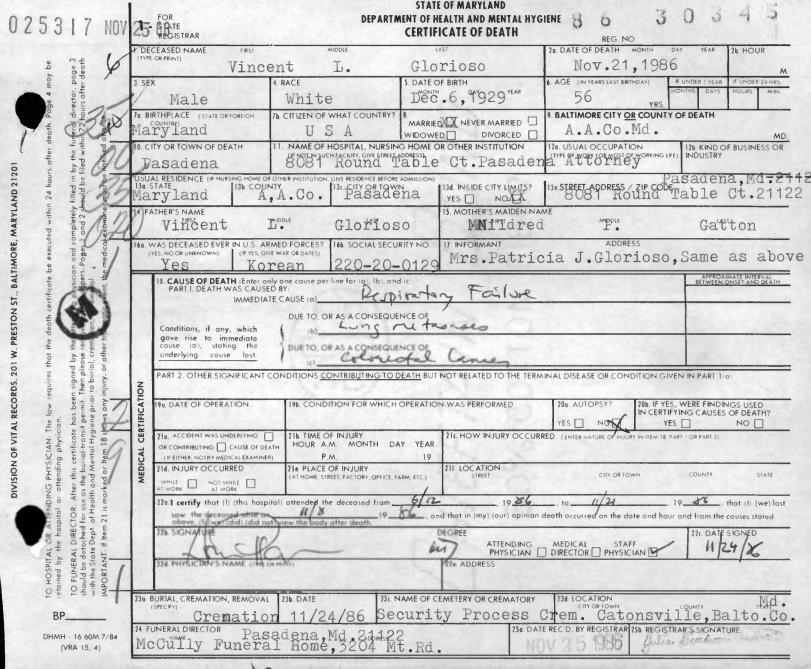


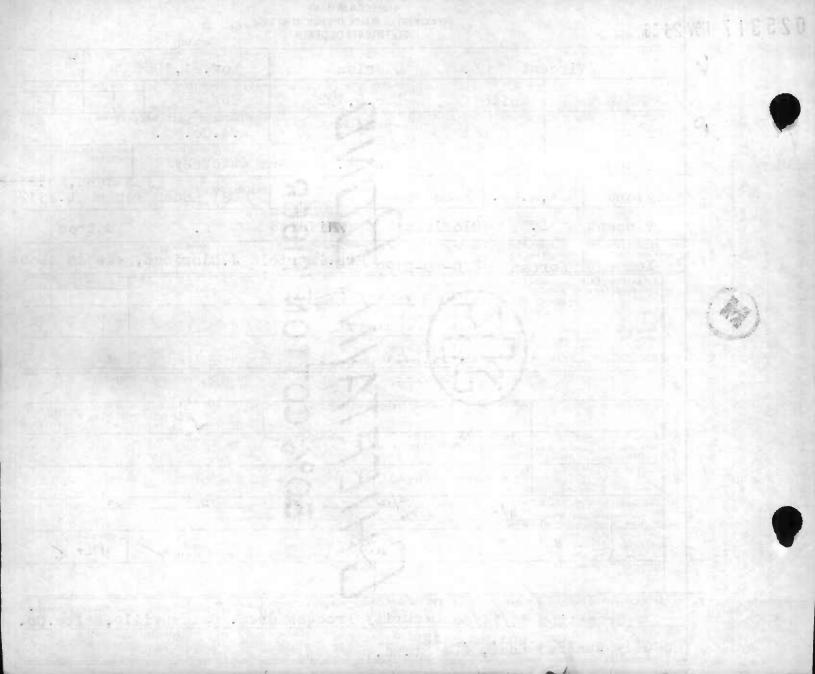
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NO Lose			oital) attended the deceased from		G, to 1// 7	7 19 6 that (I) (we) lo
TTEN pital pital for u		saw the deceased alive	ot view the body ofter death.	, and that in (my) (our) opinion	death accurred on the do	te and hour and from the causes stated
R ATTI hospit RECTC ned for		77% SIGNATURE	or wiew the body offer death.	DEGREE	. 7	22c. DATE SIGNED
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(VRA 15, 4)			CO DOTORATTION		C 1 1986	Julia Divideon . Landales



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH O CREGISTRAR REG. NO TECEMED NAME LAST 2g. DATE OF DEATH MONTH 2b. HOUR MARGARET GILL. NOVEMBER Cook 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS April 1903 Female White BIRTHPLACE ISTATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED | ANNE ARUNDEL COUNTY CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GLEN BURNIE NORTH ARUNDEL HOSPITAL Teacher - Baltimore City USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)
30 STATE
1330 COUNTY
136. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? 301 McMechen St. 21217 Bal timore City YES XX Maryland NO [ 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST Ella Nora LeCompte E. Everett Cook 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT 21146 214-22-8391 Severna Park Mary Curry. 523 White Oak Dr.. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ich. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIL YES [ NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WORK NOT WHILE IIs I certify that (1) Ithis hospital) attended the deseased from now the deceased alive on, and that in (my) (aur) apinian death accurred an the date and haur and from the couses stated 226 SIGNATUR DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 300 HOSPITAL DRIVE SUITE 230 LONG S. HSU GLEN BURNTE 334. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE STATE Security Process. Inc. Cremation 11-17-86 Catonsville 250 NOVE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE 74 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Tom Helfenbein Funeral Home, Chester, MD 21619 (VRA 15, 4)

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FOR

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DHMH - 16 60M 7/84 (VRA 15. 4)

OD REGISTRAR REG. NO - DECEASED NAME LAST 20 DATE OF DEATH MONTH 26 HOUR TYPE OF PRINTS 86 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY ttomema S moth 13e STREET ADDRESS / ZIP CODE pooming rench ADDRESS Same APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR

STATE OF MARYLAND

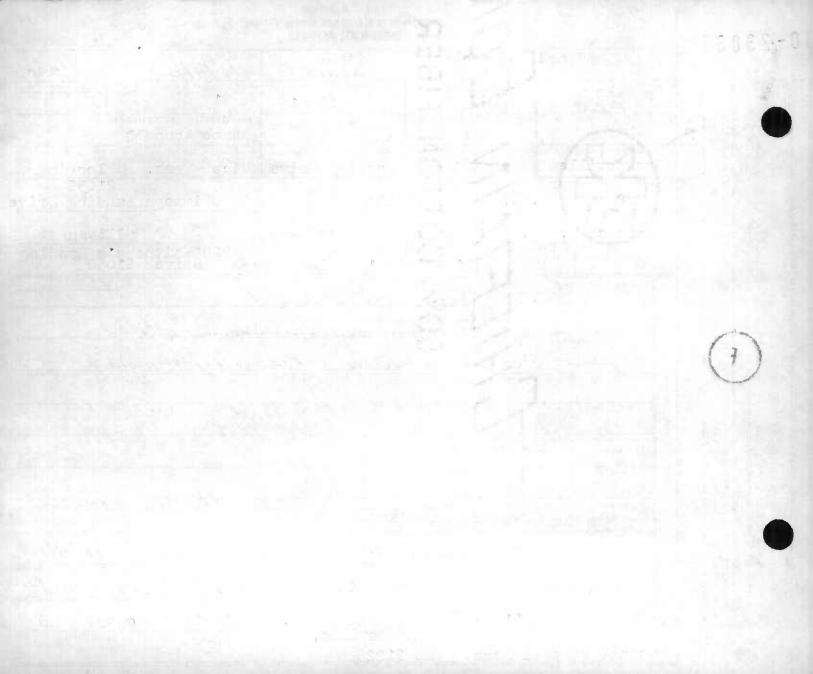
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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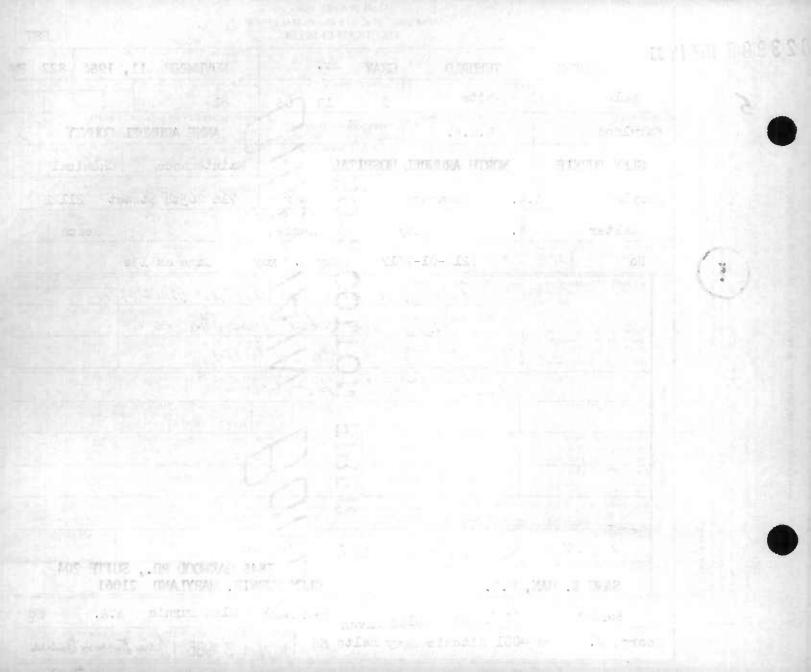
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第0m 支援	3.3	4. RACE	5. DATE OF BIRTH  6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2). DATE  MONTH DAY YEAR LAST BIRTHDAY! MONTHS DAYS HOURS THE PRONOLINGED	MONTH DAY YEAR 2d. HOUR
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AROAK.	2	ACTUAL SIGNATURE	M.D. Assistant MEDICAL EXAMINER	DATE 11-16-86
2点の最近	37		MEDICAL EXAMINER	SIGNED
MEDICAL ECUTE THE GE 4 SHO FUNERAL	1/	EXAMINER'S NAME Grego	ory R. Kauffman, M.D. ADDRESS 111 Penn St., Balto	Md. 21201
SACA	95		7001100	
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DIVISION OF VITAL RECORDS, 201 PMC PHYSICIAN. The fare requires the attending physician been signed it as the builds fromit premit. Then pleas the and Mental Hygiere prior to builds.	o p	ME	NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN	COUNTY STATE
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COR A book	1		226. SIGNATURE	DEGREE	22c. DATE SIGNED
	5 /		14 Vent /	attending MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	11/14/86
HOSPITAL toined by 11 D FUNERAL tould be det	MPORTANT		22d PHYSICIAN'S NAME (TYPE	COT MIL MA	/ /
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	7	24 FU	NERAL DIRECTOR	MOVILLAXO HILLCREST HANGOLIS +	R'S SIGNATURE
DHMH - 16 60M (VRA 15, 4)		-	NAME	ADDRESS	indern Pendale

1.	FOR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE SE D	30050
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	EST
	CEASED NAME FIRST OR PRINT) WAT TED	MIDDLE	CDAV Sr.	20 DATE OF DEATH MONT	11, 1986 822 PM
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-	Male	White	2 DAY YEAR OS	81	MONTHS DAYS HOURS MIN.
		76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO	NDEL COUNTY MD.
10 C	GLEN BURNIE			12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Maintenance	IXING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY. Chemical
M	aryland A		N 13d. INSIDE CITY LIMITS? YES NO K	13e.STREET ADDRESS / ZIP 716 205th	CODE Street 21122
J'	Walter	T. LAST	FIRST .	AME	Resch
160	VAS DECEASED EVER IN U.S. AR			ADDRESS	
	No	218-01-7	517 Mary E. Gra	Same as	13e
NOI	underlying cause last.	(c)	DEATH BUTNOT RELATED TO THE TER		ON GIVEN IN PART 110
TIFICAT	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	YEAR 19	RRED (ENTER NATURE OF INJURY IN IT	EM IB PART I OR PART 2)
MEDIC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
9	220.1 certify that (1) (this hospi		and that in (my) (our) apiniar	death accurred an the date ar	, 19, that (I) (we) last and haur and from the couses stated
	Sang	K.HA	DEGREE ATTENDING PHYSICIAN	DIRECTOR DHYSICIAN	77x DATE SIGNED
		11/			
	228 PHYSICIAN'S NAME (TYPE OF				21061
23a. (	SANG K. HAN  SURIAL, CREMATION, REMOVAL  SPECIFY BURIAL	N, M.D.		RNIE, MARYLAND	21061
	7a. B1 Ma 10 C1 USU, 13a S M.	- STATE REGISTRAR  1. BIS EASED NAME FIRST WALTER  3. SEX Male  70. BIRTHPLACE (STATE OR FOREIGN MATY LAND  10. CITY OR TOWN OF DEATH GLEN BURNIE  USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 130 COUNT MATY LAND  10. WAS DECEASED EVER IN U.S. AR (YESNO OR UNKNOWN) (IF YES, GN PART I. DEATH WAS CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE (190 PART I. DEATH MAS I. DEATH MAS CAUSE (190 PART I. DEATH MAS I. DEATH MA	THEURLO  3. SEX  Male  MALTER  1. HEFEASED NAME  MALTER  MALTER  MALE  M	The state registrar  I STATE REG	THE REGISTRAR  REGISTRAR REGISTRAR  REGISTRAR  REGISTRAR  REGISTRAR  REGISTRAR  REGISTRAR  REGISTRAR  REGISTRAR  REGISTRAR  REGISTRA



	1			STATE OF MARYLAND	No.	
		FOR - STATE		ENT OF HEALTH AND MENTAL HY	GIENE 8 6 3	0 0 0 1
25208 NOV:	25 9	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1. 1	PECEASED NAME PIRST	MIDDLE	Caco O sa	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
nay be page 3		nuch	e 2	Green	11 0	186 M
1 may ir. pag fter de	3.	Cara - 1	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS
ige 4	1	temale		01-22-189	5 YRS.	
P P P P P P P P P P P P P P P P P P P	10	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
deot		RYLAND		WIDOWED XX DIVORCED	ANNE ARUNDEL CO	DUNTY MD.
		CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING  (IF NOTIN SUCHEACHTY, GIVE STREET AD		12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR
5 2 200		POLIS	ANNE ARUNDEL GE		HOUSEWIFE WORKING LIFE	
3.212	13	UAL RESIDENCE (IF NURSING HOME . STATE 13b. CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AT UNITY 132. CITY OR TOWN	DMISSION) 13d. INSIDE CITY LIMITS?	LASTREET ADDRESS & ZIP, CODE	21131
AND 24			.A. DXINSONVI		3437 RIVA ROAD	21000
Within Within	pt 14.	FATHER'S NAME	MIDDLE	15. MOTHER'S MAIDEN NA		LAST
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the remember the	1	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUEN	ICE OF	/	- 1 -
201 W ned by please urial, cr		underlying cause last.	(c) carare	il angle	rimas	2401
	1,		T CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 110
oc o chill	CERTIFICATION	5	ever decupil	us weller, x	nalnutrition	7
RECO	7 2	190 DATE OF OPERATION	196 CÔNDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
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R ATTE haspite RECTO hed for ppt. of tem 21			nat) view the body after death.		death accurred on the date and have	and from the causes stated
OR AI DIREC DIREC Dept.		27% SIGNATURE	2	DEGREE ATTENDING A	MEDICAL STAFF	27 DATE SIGNED
7 ± = = = = =		1111111	Noy /	PHYSICIAN	DIRECTOR PHYSICIAN	11/21/86
HOSPITAL inned by the FUNERAL build be detribed to the Stote oortant.		228 PHYSICIAM'S NAME (TYP	E OR PRINT)	22e. ADDRESS	11. H- 10	26.111
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DHMH - 16 60M 7/84		FUNERAL DIRECTOR Ann	apolis, Md. 21401		TE REC'D. BY REGISTRAR 256. REGISTI	RAR'S SIGNATURE
(VRA 15, 4)	W.	LLIAM REESE &	SONS MORTUARY, P.A		VOA 1986 A.S.	

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SOT W	U.S.	210. ACCIDENT WAS UNDERLYING	LIGHT A M. MONTH D	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
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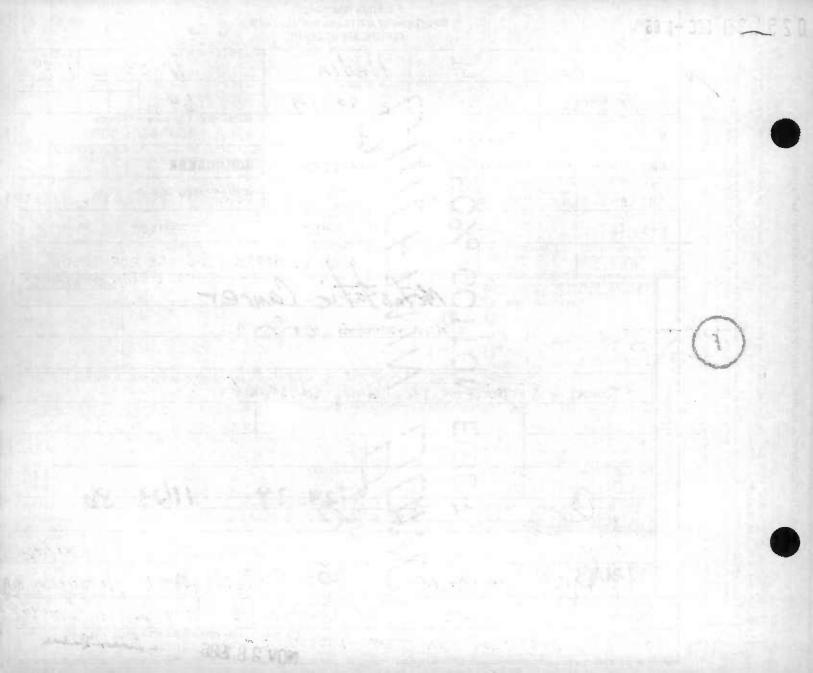
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d co		WAS DECEASED EVER IN U.S.		SECURITY NO. 17. INFORMANT	ADDI	
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CO Later of the la	T X	IN DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORME	D 200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
H THE PARTY	Ĕ				YES NO NO	IN CERTIFYING CAUSES OF DEATH?  YES NO NO
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VIO STATE		AT WORK AT WORK			81	
N 8 3 7 8		22a. I certify that this ho	spital) attended the deceased f	V -	9 0 V, to	19, that (I) (we) lost
E 4 6 5 4 5		saw the deceased alive abave (1) (material) (did	not Driew the bady after depth.	19, and that in my aur	) apinian death occurred on the	date and hour and fram the causes stated
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	P. P. B.	7a. BI	RTHPLACE (STATE OF FOREIGN		HAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF	DEATH	
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	Fe / F + C	10. C	TY OR TOWN OF DEATH		OSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL OCCUPATION		12b. KIND OF NDUSTRY	BUSINESS OR
7	5 DET		GLEN BURNIE	NORTE	H ARUNDE	L HOSE	PITAL	housewife	·	OWN	nome
0 5	be in	USU.	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	OTHER INSTITUTION, O	INE RESIDENCE BEFORE	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 2	ZIP CODE	2)	11
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WA	\$ 10 C		nf		1001	20 Falls	LIK21	nmn		(M3)	
RE,	xecut nd co ges 1		VAS DECEASED EVER IN U.S. AI	MED FORCES?	166 SOCIAL SECL	JRITY NO.	17 INFORMANT	ADDRESS	5		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2	š 00	,	no	VE WAR OR DATES	283-32-6	884	Mr. Leo R. H	ammond, Glen	Burnie	e. MD	- husband
ALT	11 200		18 CAUSE OF DEATH (Enter o	nly ane cause per l	ine for (a), (b), an	dicis,			- I	APPROXIN BETWEEN O	NATE INTERVAL NSET AND DEATH
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۵	NDIP NS: A		22a.1 certify that (1) (this hosp		deceased from_		1983 19	, to 11/20	, 19_		hat (II (we) last
	Spiro CTO for of h		saw the deceased alive of above, (1) (we) (dip) (did n	ot; view the body	ater death.	, ar	d that in (my) (our) opinion	death accurred an the date	and haur an	d from the c	ouses stated
	OR 6 b) B)		226. SIGNATURE	- 11		1.	DEGREE			THE DATES	IGNED
	AL CAL Date of the		1150	Zeen	7	· M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIA	'N 🗆	1/23	186
	FUNER, old be d		226. PHYSICIAN'S NAME (TYPE	DR PRINT)	4 1 1 1		22e ADDRESS	53 OLD MILL R	CAD	1	
			TAMES I R	CNIAMIN	M.D.		MILLEDS		ND 211	00	
	of of of w	23a E	URIAL, CREMATION, REMOVA		23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		.03	
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	(VRA 15, 4)		James F. Scarpe	lli, Cumb	perland,	MD 21	.502 UEG	1 1986 Julia	Danden	N	

				STATE OF MARYLAND		
	1.	FOR STATE	DEI	PARTMENT OF HEALTH AND MENTA		30000
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1 1 2	3. SE	Acres 8	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN.
\$ 95 W		Female	White	Oct. 1, 1907	79	YRS.
1 225	7a. BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COU	MARRIED NEVER MARRIE	9. BALTIMORE CITY OR	
1000	7	laryland	USA	WIDOWED DIVORCE	DI Anne A	rundel MD.
PIKTO	10 CI	TY OR TO OF DEATH	11. NAME OF HOSPITAL, N	IURSING HOME OR OTHER INSTITUTIO	DN 120 USUAL OCCUPATION	ORKING LIFE) INDUSTRI PO TO
	, ,	napolis	Hone Aruno	tel Gen- HOSP	Ret. Secre	etary office
1 19 2	USU.	L RESIDENCE (IF NURSING HOME OF	LIY 13c. CITY O		13. STREET ADDRESS / Z	CIP CODE
2 100		Mid. A.A	t. Anna	POLIS YES NO [		LST. 21403
1 10/2/	14, FA	THER'S NAME	MIDDLE	15. MOTHER'S MAID	DEN NAME	LAST
1 68 1/	9	John H.		auer Hon		Deck
ond c Poges	16a. V	(AS DECEASED EVER IN U.S. AR	E-WAR OR DATEST	L SECURITY NO. 17 INFORMANT	ADDRESS	same us
be o on o		NO	213-0	3.4264 Royston	Litarrison	- #13
		18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	ly ane cause per line far (a),	(b), and (c).)	~ 1. · · ·	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			E CAUSE (a)	respiratory sector	2 with hepather	a / well
1.5			DUE TO, OR AS A CON		AA	00:
1		Canditians, if any, which gave rise to immediate	(b) Sueff	hypopara of Cl	7 677	Carne
4 4115		couse (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF		
thot d by east of control of control		underlying cause last.	(c)			
en en ch ch	z	10111	A- '   ) //	G TO DEATH BUT NOT RELATED TO THE		
required sorto	TIO		a colled fil	rellation 1 A	Refreewor 1 de	
ne low r on. hos bee permit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATION WAS PERFORMED		NO. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
E o o o o o	RT	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	Tale HOW MILLIPY	YES NOW	YES NO
NA TERMEN		OR CONTRIBUTING CAUSE OF DEA	LIGHT THE MONTE	H DAY YEAR	OCCURRED (ENTER NATIONAL TOPONOMIA)	PART 1 OR PART 2]
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211 LOCATION		
PHY trendii r this the bu	MEC	WHILE OCCURRED	(AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)  STREET	CITY OR TOWN	COUNTY
0 0 0 0 4		AT WOOK L		11/5	£ 11/11	8
Z - 2 5 9 5		27s I certify that II (this hospit	deceased deceased		ning death assured as the date	and haur and from the causes stated
R ATTE hospita RECTO red for rept. of h		obove (1) (we (did) kild not 27h SIGNATURE	I) view the body after death.		primori dealli accorred an the dote	
0 0 0 0 5		THE SIGNATURE	There	DEGREE	DING MEDICAL STAFF	27c. DATE SIGNED
RAI RAI NT:		224 PHYSICIAN'S NAME (TYPE O	MU	PHYSIC	CIAN DIRECTOR PHYSICIA	ND 11/11/166
HOSPIT FUNER FUNER Suld be on the Str		220 PHYSICIAN SINAME (TYPE OF	) · ·	M ) LOC OL	QV O	10 m 2 m
TO HOSPITAL ( retained by the TO FUNERAL I should be deto with the Store I IMPORTANT: IF		O. David	rimins	11111 120 SW	ow St. Flona	POITS 1111121401
	23a. E	URIAL, CREMATION, REMOVAL	236. DATE	23c. NAME OF CEMETERY OR CREMA	TORY 23d. TOCATION	COUNTY
BP	24 5	Burial	140V.131486	Glen Haven		nie HH. MDD
DHMH - 16 60M 7/B4	(1)	INERAL DIRECTOR	DAL PADI	ODC H	25a. DATE REC'D, BY REGISTRAR 25I	REGISTRAR'S SIGNATURE
(VRA 15, 4)	LC	extor Tuner	al Chapel-	"Annapolis MU	MUV 14 1900	Julia Dandon Kondala

						STATE	OF MARYLAND				
2	5 4 3 9	DEC -	-h £	OR TATE REGISTRAR	D		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 6 0	10.	0 0	5 0
	m =			EASED NAME FIRST DR PRINT)	MIDDLE	11	ust /	20 DATE OF DEATH	MONTH DAY	01	25. HOUR 1 - 50
	y be	W		Emm	a J.	14	eain		11-23	-86	1 a M
	ige 4 may be rector, page 3 urs ofter death	/	3. SEX	F EMALE	4. RACE WHITE	5 DATE O	SPAY JEAR	6. AGE JIN YEARS LAST BI	9 YRS. MON	VINS DAYS	HOURS MIN.
	Por l dir	25		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY			
	leath in 72	00		IRGINIA	U.S.A.	WIDOWE		ANNE ARU	INDEL C	COUNTY	MD.
10	s ofter o	53		YORTOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	IVE STREET ADDRESS)	OSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST HOMEMAKE	ON OF WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
ND 212	24 hour	34	13a. S			OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP SOPE N	MAYO,	MD2110
YLA	thin thin	JE TO		THER'S NAME		-175-	15 MOTHER'S MAIDEN N.	AME			
AAR	P P	0億)	W	ILLARD	EVANS	LAST	CELTA	WIDDLE	PRUITT	LAST	
RE,	xecute nd cor	100		AS DECEASED EVER IN U.S. AR		AL SECURITY NO.	17. INFORMANT	ADDR	ESS		
WO	e exec	medico	- IA	ES, NO OR UNKNOWN)   IF YES, GIV	E WAR OR DATES)		MARL D. H	EDIN P.O.	BOX 99	97 VEF	RO
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	equires that the death certifical in signed. The attract bonger	to burin	NC	18. CAUSE OF DEATH IEnter on PART I. DEATH WAS CAUSE IMMEDIAT  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT C	D BY:  E CAUSE (o)  DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO	INSEQUENCE OF	NOT RELATED TO, THE TER	MINAL DISEASE OR CON	NDITION GIVEN	IN PART 1(o	
0	w re beer	Do prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDING	
1 8	he lo on. hos	2 2	TIFIC		and the second			YES NO	YES [	NG CAUSES C	NO [
OF VITA	ICIAN: The physicio	tental Hygier		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	III	TH DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	1 OR PART 2)	
O	PHYSI ending this ce	₹ 5	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR T	OWN .	COUNTY	STATE
<u> </u>	offer of the state	alth and morked	2	AT WORK NOT WHILE		, 511162, 13411. 210 )	21/200 2	0 1	1/22	12/-	
a	NO I O	teals is mo		22a.1 certify that 11 this hospi	_ (       / /	1/1/4	1 2 19	/. to	110 )19.	J W 11	not (1) (we) lost
	Spito	of t		taw thi decided alse on above (I) we (did) did no	Likew the body after deat	19 X . ar	d that in (my) (our) opinion	death occurred on the o	late and hour or	nd from the co	auses stated
	TAL OR AT y the hosp RAL DIRECT	Stote Dept.		226 SIGNATURE	Som		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN 🗌	22c. DATE S	194/86
	O HOSPITAL etoined by the TO FUNERAL	with the Stote		22d PHYSICIAN'S NAME (TYPE	· SAMAn	15	205 R	idesely,	the	ANNI	spalin n
		-		URIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	Y DAVIDSO	NUTII	AUNTYA . C	0. 46401
	BP	_		ÜRIAL	11-25-86	LAKEMO			NVILL :		
	DHMH - 16 ( VRA 1:			OBERT E. EVA	NS 1212 WE	STREE	ET ANNAPOLI	TE REC'D. BY REGISTRAL MD 986	A SECISIRA	AS SIGNATU	Then



## DEPARTA

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WEN'	T	)F	HE	AL	TH	AND	MENTAL	HYGIENE	
CI	ER	TI	FI	CA	TE	OF	DEATH		

	REG. NO		10.	0	U	8.0	ES	
a. D/	ATE OF	DEATH	MONTH	DAY	1	YEAR	26	HOUR

1	FOR STATE REGISTRAR	CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE S O S O SECONO.					
	1. DECEASED NAME FIRST (TYPE OR PRINT) FRANK	MIDDLE	HELM	ETAG	NOVEMBER 0	8, 1986 0903 AM	
	1 SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS	
1	Male	White	March		77 YRS		
6	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	United Stat	MARRIEI	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY		
4	10. CITY OR TOWN OF DEATH  GLEN BURNIE	11. NAME OF HOSPITAL, I		R OTHER INSTITUTION	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (The OF WORK FOR MOST OF WORKING LIFE) (The OF WORK FOR MOST OF WORKING LIFE)		
-	USUAL RESIDENCE (IF NURSING HOME O		CE BEFORE ADMISSION)		Chaueffer .	Balt. City	
5	Maryland Anne		adena	13d INSIDE CITY LIMITS?	8091 Forrest G		
2	Frank	J. Hel	Îmetag	15. MOTHER'S MAIDEN NAM Hadle	ME MIDDLE	(Unkhown)	
b	160 WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	AL SECURITY NO.	17 INFORMANT	ADDRESS		
9	No	214 03 5467   Thelma Helmetag (Same as 1				S 13a-e)  APPROXIMATE INTERVAL BETWEEN ONSET AND DE ATH	
	190 DATE OF OPERATION	DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION  199. CONDITION FOR	NG TO DEATH BUT		INAL DISEASE OR CONDITION C	ES, WERE FINDINGS USED	
6			216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR		YES NO THE NATURE OF INJURY IN ITEM 1	YES NO D	
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M.	19				
	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM, ETC )	211. LOCATION STREET	CITY OR TOWN	COUNTY	
	22a.1 certify that (1) saw the decea	the deceased	_19 C . an	d that in (my) (aur) apinian c	, ta, ta	., 19, that (1) (we) last aur and fram the causes stated	
	DEGREE ATTENDING MEDICAL STAFF  PHYSICIAN DIRECTOR PHYSICIAN						
	22d. PHYSICIAN'S NAME	Æ, SUITE 105					
4	CHARLES J.	LANCELOTTA J	R. M.D.		NIE, MARYLAND	21061	
	230. BURIAL, CREMATION, REMOVAL Burial	Nov. 11, '8		EMETERY OR CREMATORY	23d. LOCATION  CITY OR TOWN	COUNTY STATE	
	24 FUNERAL DIRECTOR			m Cemetery	Baltimore REC'D. BY REGISTRAR 256 AEGI	City MD	
	McCully Funeral	AU	asadena, N	TALL A	V 1 3 1980	P. Branch	

DHMH - 16 60M 7/84 (VRA 15, 4)

DATE OF THE PARTY OF THE PARTY

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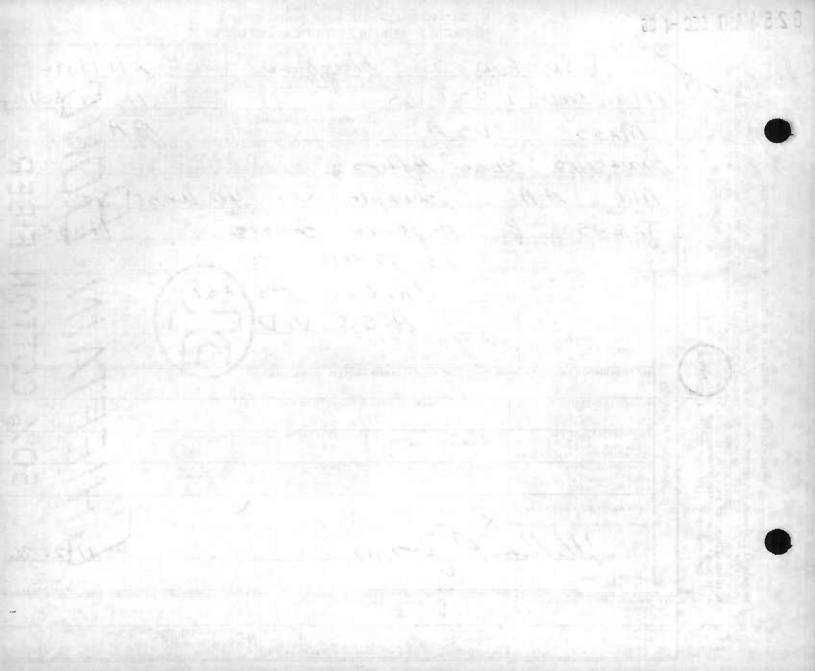
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CHURLES J. LANCELOTTA, DR., V.D. GLEN RUPNIE, NAPYLAND, 21061

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DEATH MATED X   B SC   SATE OF BIRTH   S DATE OF	0 2 0	T T U DLG	4-	REGISTRAR	MEDI	CAL EXAMIN	ER'S CER	TIFICATE O	F DEATH RE	G. NO.	0 0	
ALECAL SOLVE BLAND STATE		MANSH 4			340N	5,	Heb	burr	OF ESTI		15-	2b. HOUR
The Brithman Control of Country of Death    A. CHIZEN OF WHAT COUNTRY   MARRIED   NO OWNED   MARRIED   NO OWNED   MARRIED   NO OWNED   MARRIED   NO OWNED   NO OWNED		AL SECTION AND AND AND AND AND AND AND AND AND AN	3. SEX	MALE CALL	5. DATE OF BIRTH	YEAR LAST BIRTHE	AY) MONTHS		MIN PRONOUNCED	MONTH		
DECITION FOR TOWN OF DEATH  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  TO RESIDENCE AND THE PROPERTY OF THE PRO		S SPERMENT SERVICES			76. CITIZEN OF WHAT		8 MARRIED		ED 🔲	A A		
THE CAUSE OF DEATH (Enter only one course per line for (c), DOS/TOWN  THE CAUSE OF DEATH (Enter only one course per line for (c), DOS/TOWN  THE CAUSE OF DEATH (Enter only one course per line for (c), DOS/TOWN  THE CAUSE OF DEATH (Enter only one course per line for (c), DOS/TOWN  THE TOWN THE CAUSE OF CONSTRUCTION (B) THE CONSTRUCTION (C) OF AS A CONSEQUENCE OF  C	1	PAGE 5	ID. CI	YOR TOWN OF DEATH		TY, GIVE STREET ADDRESS	, OR OTHER IN		124 USUAL OCCUPATION	FE]	OR INDUST	USINESS TRY
The Was Deceased Ever NU. S. Arred Porcess   The Solidar Security No.   17 INFORMANT   ADDRESS   The Was Deceased Ever NU. S. Arred Porcess   The Solidar Security No.   17 INFORMANT   ADDRESS   The Was Deceased Ever NU. S. Arred Porcess   The Solidar Security No.   17 INFORMANT   ADDRESS   The Was Deceased Ever NU. S. Arred Porcess   The Solidar Security No.   17 INFORMANT   ADDRESS   The Was Deceased Ever NU. S. Arred Porcess   The Solidar Security No.   17 INFORMANT   ADDRESS   The Was Deceased Ever NU. S. Arred Porcess   The Solidar Security No.   17 INFORMANT   ADDRESS   The Was Deceased Ever Nu. S. Arred Porcess   The Solidar Security No.   17 INFORMANT   ADDRESS   The Was Deceased Ever Nu. S. Arred Porcess   The Solidar Security No.   17 Information   Address   The Was Deceased Ever Nu. S. Arred Porcess   The Wa	10212	ANN CANN CANN CANN CANN CANN CANN CANN	13a. S			ESIDENCE BEFORE ADMISSI	) 13d.	Annual An		st :	52/	401
SCAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))   QUEENSTOWN, MD   enterthology of the couse of the	ORE, MD.	## 2521	-	Tam 25	P	Hepbu	rw	Bess.	MIDDLE	7	Husx	2
SCAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))   QUEENSTOWN, MD   enterthology of the couse of the	SALTIMO	S AFTER GIVE PA ITH FORI PAGES 1	[Y	S, NO, OR UNKNOWN] (IF YES, GIVE	WAR OR DATES)	031-22	-4841	,	CE HOGG RT	.1 BOX		
Conditions, if ony, which gove rise to limitediate couls (o) Intelliging the under lying couls lost the couls (o) Intelliging the under lying couls lost the couls (o) Intelliging the under lying couls lost.  PART 2 DIFFE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELIATED TO THE TERMINAL DISEASE DE CONDITION GIVEN IN PART 1 is.  198. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED?  198. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED?  198. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED?  198. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED?  198. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED?  198. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED?  198. CONDITION FOR WHICH OPERATION FOR WHICH OPERATION WAS PERFORMED?  198. CONDITION FOR WHICH OPERATION WAS PERFORMED?  198. CONDITION FOR WHICH OPERATION FOR WHICH OPERATION WAS PERFORMED?  198. CONDITION FOR WHICH OPERATION FOR WHICH OPERATION WAS PERFORMED?  198. CONDITION FOR WHICH OPERATION FOR WHICH	ON ST.	M HOUR TEM 18 ONG W FERMIT.		PART I DEATH WAS CAUSED	BY:	r (a), (b) and (c).)	line	A	QUEENSTO	OWN, M	D APPROXIMA	BERVAL ET AND DEATH
PART 2 DITHER SIGNIFICANT CONDITIONS CONTRIBUTION TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 is.    PART 2 DITHER SIGNIFICANT CONDITIONS CONTRIBUTION TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 is.    PART 2 DITHER SIGNIFICANT CONDITIONS CONTRIBUTION TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 is.    PART 2 DITHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 is.    PART 2 DITHER SIGNIFICANT CONDITIONS CONTRIBUTION TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 is.    PART 2 DITHER SIGNIFICANT CONDITIONS CONTRIBUTION TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 is.    PART 2 DITHER SIGNIFICANT CONDITIONS CONTRIBUTION TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 is.    PART 2 DITHER SIGNIFICANT CONDITIONS CONTRIBUTION TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 is.    PART 2 DITHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE DR CONDITION OF THE TERMINA	I W. PRESTO	PENUTHIN 2 AMENCE IN TRANSITY AMENCE AND TRANS		gave rise to immediate cause (a) stating the under-	(p)	A.	5.C,	VID				THE RES
TITLE (SPECIFY)  ACTUAL  SIGNATURE  OPART 10  ACTUAL  SIGNATURE  OPART 10  O	11.40	E EXECUT DING: IN PARIS THAND.	NO	PART 2 DTHER SIGNIFICANT CONDITIONS	(c)	NOT RELATED TO THE TERM	INAL DISEASE DR C	DINDITION GIVEN IN PAR	T 1 (a)			
NOTERISTING GON DEATH P.M. 19    19	ITAL REC	SSEN S	IFICATIK	19a. DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPER	ATION WAS P	PERFORMED?				2.1
270. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinion death resulted from: Natural causes Ascident, Suicide Hamicide Undetermined manner  ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. Deputy MEDICAL EXAMINER DATE SIGNED ADDRESS 695 America Crt., Davidsonville, Md. 21035  EXAMINER'S NAME (TYPE OR PRINT) William P. Jones, M.D. ADDRESS 695 America Crt., Davidsonville, Md. 21035  236. BURIAL, CREMATION PARTION PARTION PARTION STATE CREMATORY ALEXANDRIA FAIRFAX VA.  24 FUNERAL DIRECTOR PARTION PARTION STATE COUNTY ALEXANDRIA FAIRFAX VA.  24 FUNERAL DIRECTOR PARTION PREGISTRAR'S SIGNATURE PARTION PARTION PARTION PARTION PARTICIPATE PARTICIPATE PARTION PARTICIPATE PARTICIPA	ON OF V	TO THE WOOD TO THE COULD BE ARTMENT TO BE AR		UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. A	AONTH DAY YEAR			D (ENTER NATURE OF INJURY IN	TEM 18 PART 1 OR PA		
TITLE (SPECIFY)  ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)  DATE (TYPE OR PRINT)	DIVISI	SECOLO	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK					CITY OR TOWN	co	PINUTY	STATE
SIGNATURE SIGNAL EXAMINER SIGNED M.D. DEDITY MEDICAL EXAMINER SIGNED TO COUNTY SIGNAL EXAMINER SIGNED TO COUNTY SIGNAL EXAMINER SIGNAL EXAMINE		MAINER: TIFICATE, BE FORV ECTOR: P ITH THE S SYLAND,			6 7		icide .	Hamicide .		and in my a	pinian	
O7/84 BP CREMATION 11-22-86 METROPOLITANCREMATORY ALEXANDRIA FAIRFAX VA.		ETHE CER SHOULD SHOULD ERAL DIE EATH, W		ACTUAL SIGNATURE	ion Pi	dest		ma.	MEDICAL EXAMINER	DATE	ED/11-21	1-86
O7/84 BP CREMATION 11-22-86 METROPOLITANCREMATORY ALEXANDRIA FAIRFAX VA.		A AGE A A GE A A		(TYPE OR PRINT) _ WI 111an						idsonvill	e, Md.210	35
25M 24 FUNERAL DIRECTOR 250. DATE REGISTRAR'S SIGNATURE									23d LOCATION CHIY OR TOWN A LEXAND	RIA FA	IRFAX S	VA.
MODERI E. EVANO IZIZ WEST ST. ANNAFOLID, MD.			100	NAME	S 1212 W	EST ST.	ANNAPO		NIIV 2 8 10RF		SIGNATURE	Randaes



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



- 1	REGISTRAR			REG. NO.	
	DECEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MON	20 1100K
	(TYPE OR PRINT) CHARL	LES T. HIC	KMAN	Nov. 1	.9,1986
	1 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	
	Male	White	Oct.10,1917	1	YRS. DAYS HOURS MIN.
	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH
	Maryland		WIDOWED TO DIVORCED	Anne Arun	del Co. MD.
V	O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION	12b, KIND OF BUSINESS OR INDUSTRY
2	Brooklyn Pk.	4505 Ritchie	erngwy.	Mechanic	Automotive
	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE		13e.STREET ADDRESS / ZIP	CODE
N	MD A. A	A. Brooklyn			Hrwy. (21225)
~	14 FATHER'S NAME	AMIDDIE TT - 3 LAST	15 MOTHER'S MAIDEN N		LAST
1	FIRST Emes	st Hickman	Rut		hamas
0	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECUR	RITY NO. 17 INFORMANT		more, MD 21225
	No No		8756 Charles E.	Hickman, 806 Ol	d Riverside Rd.
	18 CAUSE OF DEATH (Enter a	anly one course per line for (a) (b) and	die i		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSI	SED BY: ATE CAUSE (a)	Alute Mys lands	repuelios	3 neis
		DUE TO, OR AS A CONSEQUE	NCE OF Cor many au	Ten Die	10 418
	Canditians, if any, which gave rise to immediate	(b)			
S	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF CUPD		1544
		CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	ON GIVEN IN PART 110
1	90. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200	). IF YES, WERE FINDINGS USED
1	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		and the second s		CERTIFYING CAUSES OF DEATH?
4	710. ACCIDENT WAS UNDERLYING	216, TIME OF INJURY	121c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN I	YES NO
	OR CONTRIBUTING CAUSE OF DE		Y YEAR	I FLATER LAW ONE ON HAJORA HAT	DEM TO THAT I CATHALIZ

21e PLACE OF INJURY HOME STREET, FACTORY, OFFICE FARM ETC )

211 LOCATION STREET

COUNTY CITY OR TOWN

STATE

DEGREE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23a BURIAL, CREMATION, REMOVAL

(SPECIFY)

Muneses

23b. DATE

231. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

Baltimore, Maryland

11/22/86 Meadowridge Men. Pk. Burial 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

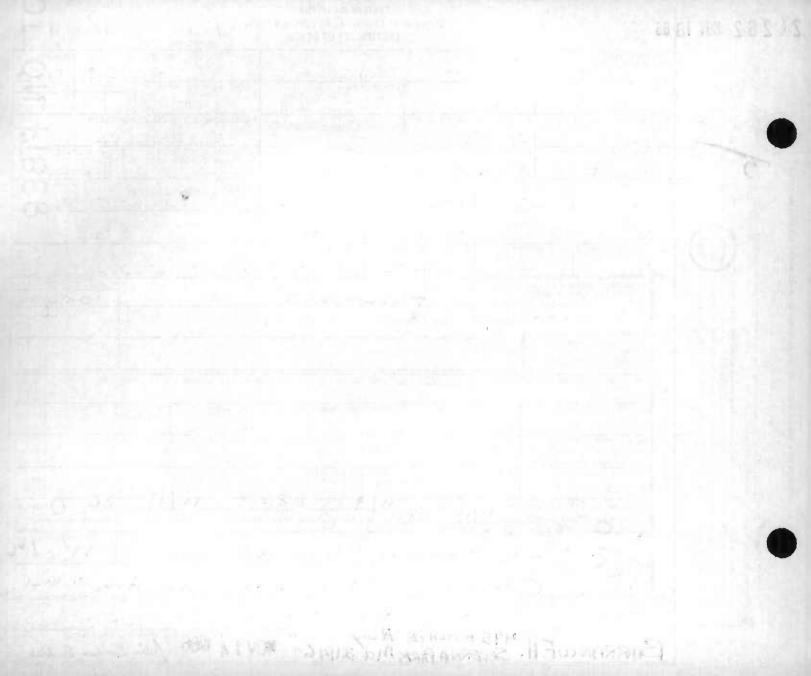
George J. Gonce, 4001 Ritchie Hg., Baltimore, MD (21225)

Julia Devideon Randall

BALTIMORE, ND SIZES

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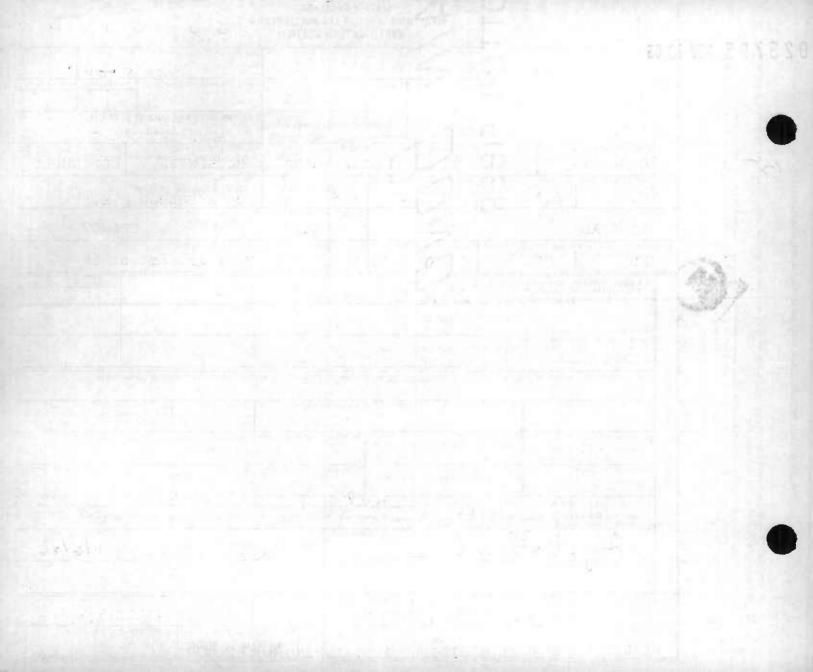
	1						STATI	OF MARYLAND				
4262 N	OV 18	85	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL H	YGIENE B O REG. N	3	0 0	0 3
			OR PRINT)	FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR
ay be		(,,,,,		lna		Mae	Hod	gkiss	veV	em11=1	11-86	8:20pm
moy po	100	3. SE	(		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BE	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
ge 4		]	Female		Whi	te		$-27^{\text{DAY}} - 1898$	88	YRS.	NINS DATS	HOURS MIN.
Page Hair	31	76. BI	RTHPLACE (STATE OR F	ORE IGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	NEVER MARRIED	9 BALTIMORE CITY		FDEATH	
40 00	3		Maryland		United	States	WIDOWE			rundel	Co.	MD.
11	2-3	10. CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		ROTHER INSTITUTION	120. USUAL OCCUPAT		12b. KIND OF	F BUSINESS OR
	うもづ		Annapolis		Anne A	rundel Ge	neral	Hospital	Mother		House	ework
hour hour	31-	USU.	AL RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7ID CODE		
24	25		Md.		.A.	Severna		YES NO [X	396 Stoni	ouse Dr	:./2114	46
	2111	4 FA	THER'S NAME	116	MIDDLE	LAST		15. MOTHER'S MAIDEN				
Pa Pa	-XX	2	Charles	-77.30	WIDDLE	Thompso	n	Mary	WIDDLE		Amis	
executed	惟力		VAS DECEASED EVER I		MED FORCES?	166. SOCIAL SECU		17 INFORMANT	ADDR	ESS		
e e e e	21	,	VO	(IF YES, GIV		206-18-5	301	Mr. James	E. Hodgkiss	(same a	as 13)	
ficate b	, the		18 CAUSE OF DEATH	(Enter on	ly one couse per			*			BETWEEN O	MATE INTERVAL DISET AND DEATH
certificate ing physical	vent,		PART I. DEATH W.		D BY: E CAUSE (o)	0	neu	monia			8	aws
h ce	ptic				73.43	R AS A CONSEOU	NCEOF				100	0
deeth deeth	racm	-	Canditions, if any,		( (b)_	N No X corrector.						
the of th	-		gove rise to imm cause (a), stating		DUE TO. O	R AS A CONSEQUE	NCE OF					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND 2120  NG PHYSICIAN: The law requires that the death certificate be executed within 24 happens attending physician.  After this certificate has been signed by the attending physician and content filed in but the buriol-transit permit. Then please remove corban papers?			underlying cause	last.	(c)_							
s, 20 ires gned in ple		_	PART 2. OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR COM	DITION GIVEN	IN PART 11a	
requestration in the		CERTIFICATION	3/1									
low r	0	ICA.	190 DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	10b. IF YES, V	WERE FINDING	GS USED OF DEATH?
G PHYSICIAN: The Is of this certificate has the bridge the bridge of the properties of the bridge of	show	RTIF							YES NO	YES		NO 🗌
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SICI.	Te l	MEDICAL	(IF EITHER, NOTIFY MEDIC	AL EXAMINER	) P.	M.	19					
PHYSICI Hending print this cert the burial	70	WED	21d. INJURY OCCURR		21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC )	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
She she	morked		AT WORK NOT WHI	K L					/	111	2/	
NO IO	E		220. L certify that		tal) attended th	deceased from	-6	19 0	6 , to	. 19		ha(1) (we) last
ATTE Spire	n 21		saw the decease above (II)(we) (d	d alue un id} (did no	iew the body	after death.			an death accurred on the c	ate and haur a		
he haspital DIRECTOR	# He		ZTOSIGNATURE	0	00			DEGREE ATTENDING	, MEDICAL STA	cc	22c DATES	IGNED / C
A H H	- Z		Jan	~		roew	-	PHYSICIAN	DIRECTOR PHYSI		111	12/0
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TO HOSP retained I	MPORTANT		James		_ ha	conas		1271 K	itchie H	NY H	nnold	mex.
	3	23a. 8	URIAL, CREMATION, I	REMOVAL	23b. DATE 11-12			METERY OR CREMATOR	Y 23d LOCATION Westview		COUNTY	STATE
BP	_			1011				w Cemetery		Dal		Md.
DHMH - 16 60	M 7/84	24. FI	NERAL DIRECTOR	TI	1 495	RITCHIE	Nu	25a. D	ATE REC'D. BY REGISTRAF			
(VRA 15,	4)	1	上まえてきる	Or.	1. Sevi	ERNA PAR	KIMa	- 21146	WV14 1900	gulia d	Davidson:	Kandack



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, , ,	-	2 0 1101	241	REGISTRAR	MED	ICAL EXAM	INER'S C	ERTIFICATE C	F DEATH	REG.	NO.	0 0	1
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		RECTO R FILE HOUL	3.	SEX 4 RACE	5 DATE OF BIRTH	YEAR LAST BIRT		DER 1 YR. IF UNDER	MIN. PRONOL	JNCED	MONTH	DAY YEA	R 2d HOUR
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		A S		MARYLAND CITY OR TOWN OF DEATH	U.S		WIDOW			1	4		MD.
		DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. IN PAGE - FOR YOUR FILES. DIE HEBY ITHIN 72 HOURS RECEIVED IN PRESTON STREET,	71	Glen Burn	(IF NOT IN SUCH FAC	PITAL, NURSING HO	PUNT	le/	for most of w Chauff	OPKING USES	TYPE OF WORK	or indus	STRY
	21201	ND31		STATE 1 136. CO	ME OR OTHER INSTITUTION, GIV	130 CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e. STREET ADD	RESS	21061	n	01
		A A MON	3	Md 1	TA	TEN B	uvvie	YES NO Z	1	(V-u	een	HUM	eK4
	RE, MD.	AT THE	0	FATHER'S NAME WILLIAM	J.	HOFF		EVELYN	EN NAME	P.	M	AUERHZ	AN
	BALTIMOR	S S S S S S S S S S S S S S S S S S S	1 16	WAS DECEASED EVER IN U.S.	ARMED FORCES?	168. SOCIAL SECU	RITY NO.	17. INFORMANT G1	en Burn	iepy	aryla	nd 21	061
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	*	M 18. GI		18 CAUSE OF DEATH (Enter	only one cause per line	for (o), (b), and (c).)						APPROXIMA	ATE INTERVAL
	NS	OH W	1	PART I DEATH WAS CAL	JSED BY: DIATE CAUSE (a)	Mu	1tip	le Tri	AUMPT.	Extu	ene	BETWEEN ON	ET AND DEATH
	W. PRESTON ST	Z	1	8/99	DUE TO, OR	AS A CONSEQUENCE	CE OF		20	1	1.		7 4000
	9	WITHINGLE FAIR	m - 3	Conditions, if any, who		20 for	Veh	riche,	Hearo	lew	4		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	24	must be	13a. S	AL RESIDENCE (IF NURS STATE MD •	13b. COUN A • A	OTHER INSTITUTION TY •	136. CITY OF ANNA	BEFORE ADMISS	ION)	13d. INSIDE CITY LIMITS YES AO	S?   13e.STRE	ET ADDRESS ARCH	ZIP CODE	214 AVE.4	ol
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	OR ATT e hospir DIRECTO	e b t e		22b. SIGNATURE	A lala nor	View the bady	after death.	A	DI	EGREE				22c. DATE	SIGNED
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	(VRA	15, 4)	I	HARDESTY	FUN.	HOME 1	2RIDG	ELY A	VE	. ANN. MD	NUV	1986	Aulia	Dividen.	Paler



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME LAST 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) MORRIS **HOFFMAN** NOVEMBER 7, 1986 8:43 Am 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 1: SEX IF UNDER 24 HRS OCT. 13,1916 YEAR CAUCASTAN MALE O. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED ANNE ARUNDEL COUNTY USA MARYLAND WIDOWED DIVORCED | M. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION D. CITY OR TOWN OF DEATH 126. KIND OF BUSOMMOR TYPE OF WORK FOR MOST OF WORKING LIFE NORTH ARUNDET GEN HOSPITAL GLEN BURNIE COLLEGE OF ADMINISTRATOR SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTO. 2910 TERRY DR., APT. E (21209) BALTIMORE MARYLAND FATHER'S NAME 15 MOTHER'S MAIDEN NAME FREDA MILLEN **ABRAHAM HOFFMAN** MRS EDITH HOPEMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 21209 2910 TERRY DR. BALTO., MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Meurs &cl 20s AUTOPSY? 206. IF YES, WERE FINDINGS USED WE DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21a. ACCEMIT WAS UNDERLYING. [ 71h TIME OF INJURY THE HOW INJURY OCCURRED. [ ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART ID HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH IN EITHER NOTEY MEDICAL FRAMINGS TIL LOCATION 21st PLACE OF INJURY CITY OR TOWN COUNTY STATE EAT HOME STREET FACTORY, OFFICE TARM, ETC.) THO! WHILE 27a.1 certify that (I) (this haspitals attended the deceased from saw the deceased abve a and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (l) (we) (did) (did, 226 SIGNATURE DEGREE 77t DATE SIGNED **ATTENDING** MEDICAL STAFF PHYSICIAN LOGRECTOR PHYSICIAN 714. PHYSICIAN'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE [SPECIFY] NOV.9,1986 BALTIMORE HEBREW BALTTMORE MARYLAND SOL LEVINSon & bros., inc. BYREGOTO 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 6010 REISTERSTOWN RD. BALTO, MD 21215

(VRA 15, 4)

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VO	1 00 0		YES. NO DR UNKNOWN) [IF YES, GIVE V	VAR OR DATES)	75th	11/- Start	10016 00 213
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BALTIMORE, MARYLAND 2120	基字擬 居		18 CAUSE OF DEATH (Enter only PART ), DEATH WAS CAUSED	one couse per line for (01, 16), and (c)	,		BETWEEN ONSET AND DEATH
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II CAUSE OF DEATH (Enter any) one couse per line for (o), (b), and/on)	1	WAREZ /	Ida V			16b. SOCIAL SEC	URITY NO.	17. INFORMANT	Λ	/ / ADDRE	SS		
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220. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted fram: Notural causes , Accident , Suicide , Homicide , Undetermined manner ,  ACTUAL SIGNATURE / LILLIAM P. JONES M. D. ADDRESS 645 AMERICA CT. 228-86  EXAMINER'S NAME / LILLIAM P. JONES M. D. ADDRESS 645 AMERICA CT. 21035  230. BURIAL, CREMATION, REMOVAL 238 DATE		DE SERVED	Z	WHILE NOT WHILE	STREET, FA	CTORY, FARM, ETC.)	S	TREET	1	CITY OR TOWN	COL	JNTY	STATE
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ACTUAL SIGNATURE CULLIUM P. JONES D. ADDRESS 695 AMERICA CT. 21035  EXAMINER'S NAME WILLIAM P. JONES D. ADDRESS 695 AMERICA CT. 21035  238. BURIAL CREMATION, REMOVAL 238 DATE 236. NAME OF CEMPTERY OF CREMATORY CITY OF COUNTY O	-	₹E##EE		death resulted fram: Natura	couses Zu,	Accident L	Suicide []	, Hamicide	Undete	rmined manner	٦,		
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PECHY)  Reproduct 1/24-86 Westway PK COUNTY OF STATE  24 FUNERAL DIRECTOR  ADDRESS		SET SEE		EXAMINER'S NAME // 1/	liam A	Truc	- 0	Ind	5 L	mosi-1	11	2.0	71-
PECHY)  Reproduct 1/24-86 Westway PK COUNTY OF STATE  24 FUNERAL DIRECTOR  ADDRESS		0200			111111	· VONE	2	ADDRESS G		MEILER	01,	dio	20
Remation 1/a9-86 Westurn PK Baltimore Md. STATE 250 DATE REC'D. BY REGISTRAR'S SIGNATURE	0	EDSE49	230.B	URIAL, CREMATION, REMOVAL 23			CEMETERY O	R CREMATORY	23d LQ4	AJION /	COLL	TY /	
24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	616	De 90	1	Remotion	11-29-86	1/4/1	OSTIVA	1 PK.	Cilyo	ZOWN /		md, s	AIE
DHMH DODRESS ! COLD !	1 12	W PT	74 C		770700	1 000	3/4/6	IZSO DATI	E DEC'D BY			CNIATURE	
(VRAISME(S)) /. It HARdesty MNNgrales Md. 2/80/ DEC 2 1980 Julia Dissiden. Render	1 1	DHMH - IT	44.1	THE A IT	ADDRES.	5 /-	11 2				OISTRAR SS	IGNATURE	
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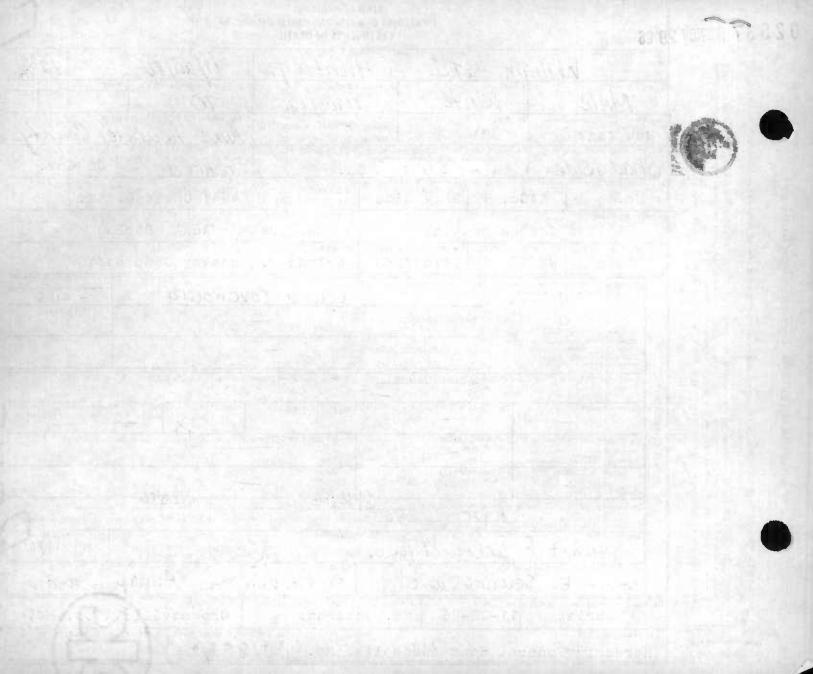
A THE RESERVE OF THE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 43	UREGISTRAR	CERTI	FICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	am . T. T +	funtley	20. DATE OF DEATH MONTH D	YEAR 26. HOUR 1235
3.	SEX MAIE	A RACE S. DATE MON	OF BIRTH  14/20 AY / 16		IF UNDER 1 YEAR IF UNDER 24 HA
1	PLACE ISTATE OR FOREIGN NEW York	76. CITIZEN OF WHAT COUNTRY? 8 MARRI WIDOW	ED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY AWNE ARUNC	le/ County
1	Shady Side	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GREETREFT ANDRESS) 4947 Chestnut	St.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS ( INDUSTRY US GOV.
25	Md. 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION LTY Sady Side	13d INSIDE CITY LIMITS? YES NO 115 MOTHER'S MAIDEN NAM	136 STREET ADDRESS / ZIP CODE 4947 Chestnu	t st. 0/69
20	William Geo:	rge Huntlev	Margaret	th Ann Bar	low
1	60 WAS DECEASED EVER IN U.S. AR/	MED FORCES? [166. SOCIAL SECURITY NO. 577097383	Arlene E.	Huntlev Same	
	PART I. DEATH WAS CAUSEI	ly ane cause per line far (a), (b), and (c).)  D BY:  E CAUSE (a).	Colonic co	avcinound	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA'
1	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BL		200 AUTOPSY? 206. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
1	OP CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR	-	YES NOW YES	
1	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHITE AT WORK AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (1) (this hospit saw the deceased alive an above, (1) (we) (did) (did na	(1) of tended the decepsed from 10 20 19 86	. 17	death accurred on the date and have	19, that (I) (we) r and from the causes stated
	Stuart &	. Selouil, ur.o.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED
1	Stuant E. S	elonicu, u.o.	51 Frankli		Polis, and.
23	30 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		eterans	Crownsville	AAYCo. Mdiate
24	1 FUNERAL DIRECTOR	ral Home Annapoli	8000	E REC'D. BY REGISTRAR 25), REGISTI	RAR'S SIGNATURE

DHMH - 16 5 (VRA 15, 4)

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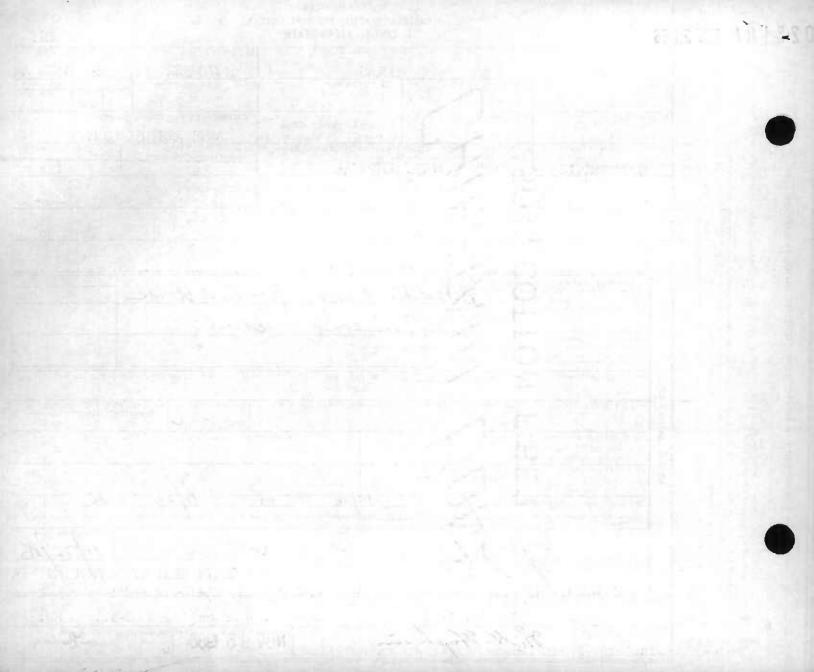


Glen Burnie.

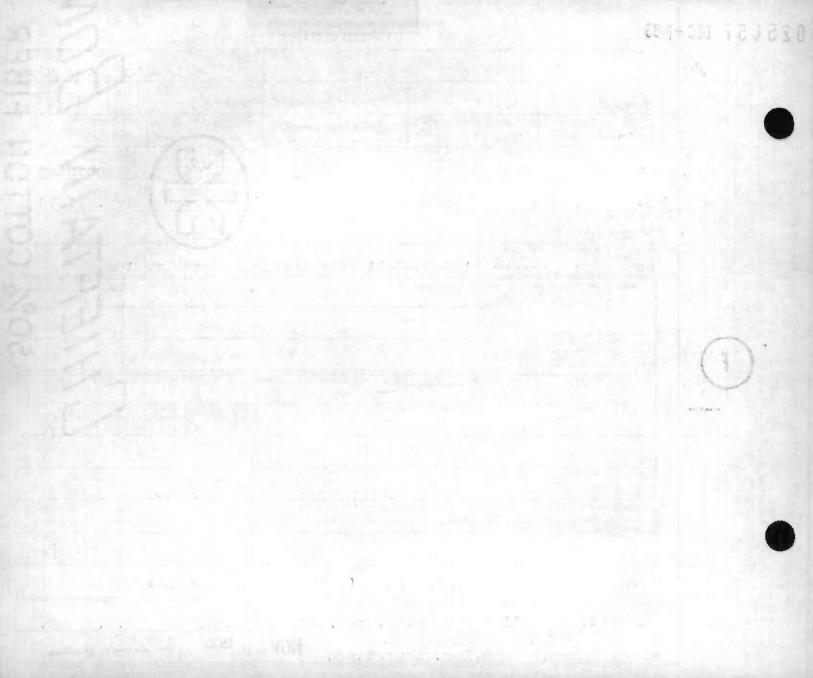
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Singleton Funeral Home

STATE OF MARYLAND



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may . po	3. SE	X	4	RACE		5. DATE O		6 AGE (IN	YEARS LAST BIRTHDAY)	IF UNDER		DER 24 HRS
ge 4		MALE	3 6	WHI	TE	MONTH	127/22 YEAR	6	4	MONTHS	DATS HOU	S MIN.
d p	7a 8	IRTHPLACE (STATE OF FOREIG	76	CITIZEN OF	WHAT COUNTRY?	8 AAAAAAAAA	NEVER MARRIED	9 BALTIM	ORE CITY OR COU	NTY OF DEA	ATH	
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in the second	10 C	ITY OR TOWN OF DEATH	11		HOSPITAL, NURSIN		ROTHER INSTITUTION		OCCUPATION	NG LIFE) INDU	KIND OF BUS	INESS OR
6 y y y		napolis		4NNE F	Mundel	GENE	rd/ 405D		ired		chini	st
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25 mg			.A.		Hanove		YES NO X	7230	Forres	t Ave	. 210	176
the table of t	14. F/	ATHER'S NAME FIRST	MIE	DDLE	LAST		15. MOTHER'S MAIDEN NA	ME	MIDDLE		LAST	
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wecu nd co		WAS DECEASED EVER IN U.		ED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRESS			
S. Pool		no			186-34-	-6471	Mike Benn	ing	same a			
201 W. PRESION SI., BALIIMORE, MARTIAND 2120 es that the death certificate be executed within 24 hours lid by the Trending physician and completely filled in by lid by the Trending physician and completely filled in by lid by the Trending physician and completely filled in by lid by the manual carbon papers. Pages 1 (na. shoot) be fill out from matic event, the medical examine provides		18 CAUSE OF DEATH (En	ter only	one couse per	line for (a), (b), and	dic	pat cell CA	of	1049		APPROXIMATE I	-
SI., g ph anp remo				CAUSE (a)			ar cert CII	01	1000		8 ma	7
on the conding confine and the matic				DUE TO, O	R AS A CONSEQUE	NCE OF						
deo deo		Conditions, if any, while gove rise to immedia		(b)								
		couse (a), stating to	ne	DUE TO, OI	R AS A CONSEQUE	NCE OF						
of the				( (c)								
	Z	PART 2 OTHER SIGNIFIC	ANT CO	INDITIONS <u>CC</u>	DNTRIBUTING TO D	SEATH BUT	NOT RELATED TO THE TERM	AINAL DISEA	SE OR CONDITION	GIVEN IN P	ART Ira	
in the second	ATIO	190. DATE OF OPERATION		19h COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AU1	OPSY? 20b. II	YES, WERE	FINDINGS	ISED
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ON OF VITA dring physicia is certificate I burial-transit Mental Hygie		OR CONTRIBUTING CAUSE	-	-	M. MONTH DA			-				
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OR A DIRECTOR OR A DIRECTOR OF THE DEPT.		226. BIGNATURE	C	view the body	orter death.	1	DEGREE			220	DATE SIGN	
7 5 7 5 6 7		Stuart (	> -	Selou	ed, un	2	ATTENDING PHYSICIAN	MEDICAL	STAFF R PHYSICIAN		11/2/	86
HOSPITAL med by th FUNERAL UID be deter on the State	1	224 PHYSICIAN'S NAME	TYPE OR P	RINT)							11 1	100
		Strart E		selou	icu, m.	0.	SI Frankli	n SV	Anna	epolis	und .	21014
Sho of sho	23a	BURIAL, CREMATION, REM	DVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOC				
BP		Cremation	6	11/2	3/86 Ba:	Lto.W	lash.Cremat	ory L	aurel	P.G		id.
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(VRA 15, 4)		Fleck Fune					Md.	60 ~	Julia	Margary	n-Rinda	-



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., BALI	t, the		18. CAUSE OF DEATH lEnter only ane couse per line far (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
V ST., BAL certificate ng physici banpapel	event, th		IMMEDIATE CAUSE ID IN Ellmenia	24 hours
on the corbin	notic		DUE TO, OR AS A CONSEQUENCE OF	
PRESTON he death contraction of the property o	ra dr		Conditions, if any, which gave rise to immediate (b)	
· + + c	other		cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF	
5 4 900	o a		(c)	
	njury.	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART Ita
w rec	2	ATIC	Multiple Styles- Shull demantia  190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, W	VERE FINDINGS USED
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NOF VITA SICIAN: T ng physici certificate rirol-transi	tem 7		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
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ATTEND sspitol o SCTOR: V	2 l is		sow the deceased alive an	nd fram the causes stated
A h h	Hem Hem		DEGREE DEGREE	22c. DATE SIGNED
			ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	11/16/76
- D III et IV	TAN		270- PHYSICIAN'S NAME (TYPE OB DRINT) 220. ADDRESS	1 3 20-1
CO HOSP etoined TO FUNI Should by	MPORTANT		KICHARD N GELER MOD STANKLIN STANNAPO	ohis, ma
5 6 5 2 3	S <u> </u>	23a E	BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	OUNTY STATE
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NG PHYSICIAN: The law require ottending physician.  Ifter this certificate has been signs at the burial-transit permit. Then the and Mental Hygiene prior to backed or them 18 shows any injury and the statement or them.	OR C	ACCIDENT WAS UNDERLYING [ ONTRIBUTING [] CAUSE OF DE EITHER NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH D	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
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TO HOSPITAL TO FUNERAL should be de with the Stote	Ī	avid A. S	chwartz, D. O.	Suite 200	7845 oakwood	rd. Glen Burnie
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(VRA 15, 4)	Sing:	leton Funera	1 Home Glen Bur	nie, Maryland NOV	120 1986 Julia	Devider Rudalli

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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	I. DEC	CEASED NAME	FIRST	۸	NIDDLE	U	AST	1	a DATE OF DEATH		DAY YEAR	2b HOUR	_		
	(TYPE	OR PRINT)	Eth	el	C.	Jo	hanson		Novembe	er 9,	1986		м		
	3. SEX	(		4. RACE		S. DATE O		6.	. AGE (IN YEARS LAST BIR	THDAY	IF UNDER I YEAR	IF UNDER 24 HR			
1		Fema	ale	Whi	te	MONTH 11	/27/191		69	YRS		HOURS MI			
4		RTHPLACE (STATE OR FO	PREIGN		WHAT COUNTRY?	8. MARRIET	□ NEVER MARRI	ED 9	BALTIMORE CITY C						
2		Md.		US.		WIDOWE	DIVORC	ED 🗌	Anne Arı			-	ND.		
4		en Burni			1. NAME OF HOSPITAL, NURSING HOME OF NORTH ARUNDED HOSE					120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker			12b. KIND OF BUSINESS OR INDUSTRY Domestic		
		AL RESIDENCE (IF NURSIN	IG HOME OR		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIV	MITS?	3. STREET ADDRESS	/ 7IP COD	F	1.77			
7		ryland	Α.	2 ~	Miller		GES NO		8393 Eli	ni Roa	ad, 2	1108			
0		FATHER'S NAME  William  Middle  Endley  Mary  Middle						Ħ	Hadley						
1	16a W	VAS DECEASED EVER IT		MED FORCES? E WAR OR DATES)	217-03		Mrs. H	elen	R. Hoov		Same a	s #13			
	Z	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave rise to immediate couse (a). stating the underlying cause last.  CART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE								One Juy Gnos					
7	CERTIFICATION	190 DATE OF OPERATI	ION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				)	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES NO NO NO						
APPLICA DIST		21a. ACCIDENT WAS UNDE OR CONTRIBUTING	AUSE OF DEA	III	M. MONTH D	AY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM TS	PART 1 OR PART 2)				
	AEDIO	21d. INJURY OCCURRE		21e. PLACE (	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE	00		
	2	AT WORK AT WORK	IE 🗆				,	.1	3/-	0	11				
		22a. I certify that (1) (this haspital) attended the deceased from 190 19 19 19 19 19 19 19 19 19 19 19 19 19										that (II (we) I causes stated	ast		
		276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF								22c DATE	SIGNED				
1	86	PHYSICIAN DIRECTOR PHYSICIAN DIR								11/19	1/80	_			
		Dr. Philip H. Konits, MD. 606 Hammonds Lane, Balto.								o., Md	. 2122	25			
		URIAL, CREMATION, R SPECHY) Buri		23b. DATE 11/12	4 .		emetery or crem. Even Mem		Glen Bu	rnie	, A.A.	Co., STATE	VId.		
		Cully Fur	nera	237 E. 1 Home	Pataps Balto		7e. 21225	MOV	rec'd, by registrar	25b. REGIS	TRAR'S SIGNAT	URE Dang			

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After

20 BS VET E 1 2 A ST MARCH . C. WITHER AND Control of the second of the s E ST. But ME and the state of t Single of the control TO THE PARTY OF TH 

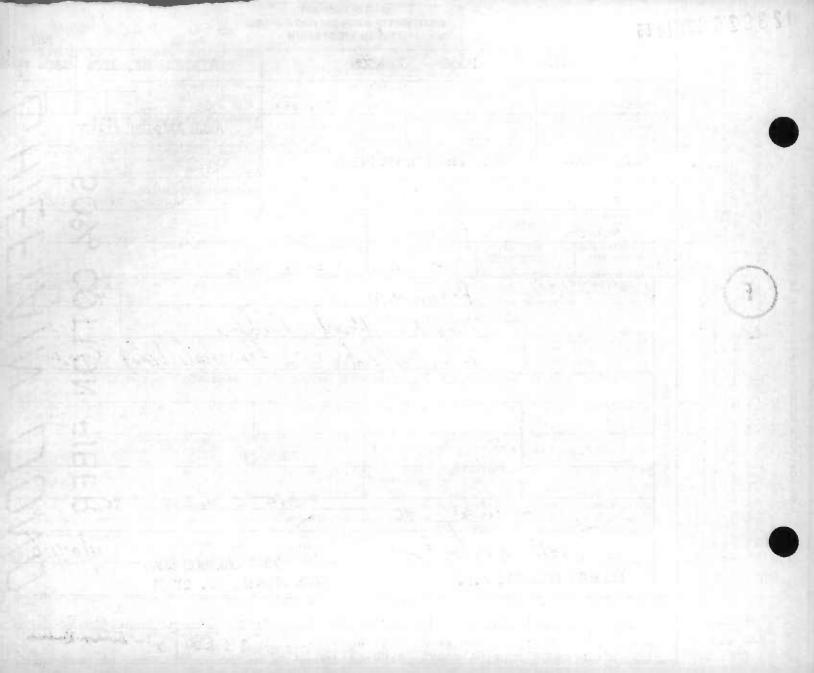
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN X MONTH 2b. HOUF (TYPE OR PRINT) ESTI-DEATH MATED Noon 5. DATE OF BIRTH 6. AGE (IN YEAR 2d HOUR DATE YEAR LAST BIRTHDAY MONTHS PRONOUNCED DEAD O. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED NEW YORK 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS ANKIVA Senior VP 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO [ FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE HELEN (unknown) TOWARD F WAS DECEASED EV (YES, NO. OR UNKNOWN) JOHNSON CEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Military Rd. 22207 (IF YES, GIVE WAR OR DATES) 050-26-7122 Johnson, (wife) Arlington Patricia Yes Korea APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 lying cause last. BURIAL HEALTH AND M PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 4 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARE STOULD BE USEL AGE 3 SHOULD BE USEL ATE DEPARTMENT OF H 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM 19 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK KECUTE THE CLERY
AGE 4 SHOULD BE FORW
O FUNERAL DIRECTOR: PY
AFTER DEATH, WITH THE ST
AMITIMORE, MARYLAND, 3 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Natural causes death resulted fram: Accident Suicide Hamicide \_\_\_\_ Undetermined manner TITLE (SPECIFY MEDICAL EXAMINER EXAMINER'S NAME William P. Jones. ADDRE695 America Crt. Davidsonvile, Md. (TYPE OR PRINT) SAT SET 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Washington, D.C. Lee Crematory CREMATION 24 FUNERAL DIRECTOR MURPHY FUNERAL HOME, INC. **DHMH** - 17 4510 Wilson Blvd. Arlington, VA 22203 (VR A15 ME (5))

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ay be oge 3 death		EASED NAME DR PRINT)	ELLA		IRENE	JOHNS	ON	NOVE		1986	450 PM
le 4 may schar, po s ofter d	3. SEX	emale	1	RACE White		5. DATE O		6. AGE (IN YEARS	LAST BIRTHDAY) I	FUNDER I YEAR	HOURS MIN.
ath. Pog	C	THPLACE (STATE OR FO. DUNITRY) arvland	reign ]	U.S.A		RY2 8	□ NEVER MARRIED □	9 BALTIMORE	E ARUNDEL	COUNT	Y MD.
Softer de	10 CIT	GLEN BURNI		II. NAME OF H	OSPITAL, NUI		R OTHER INSTITUTION	120 USUALOCO (TYPE OF WORK FOR Housewif	MOST OF WORKING LIFE!	12b. KIND OF INDUSTRY Home	BUSINESS OR
executed within 24 hours and companyly filled in broges I and 2 knowld be filled in broges.		RESIDENCE (IF NURSIN TATE II aryland	3b. COUN' Anne	other institution. TY Arundel	GIVE RESIDENCE BI	efore admission) TOWN Burnie	13d. INSIDE CITY LIMITS?		RESS / ZIP CODE Broadview	Blvd.	21061
maker within		HER'S NAME FIRST Willian	m	NIDDLE	Ridgle	7	15. MOTHER'S MAIDEN NAME FIRST Emma	MI		lungerf	ord
				MED FORCES? WAR OR OATES)	218-18	8-9317D	Mary L. Fe		Same as		
ST., BALT		18 CAUSE OF DEATH PART I. DEATH WA		y one couse per BY: CAUSE (o)	Previol, (b)	mon 19				APPROXIM BETWEEN OF	MATE INTERVAL NSET AND GEATH
ING PHYSICIAN: The low requires that the jeot of the plant in the jeot of the plant in the jeot of the plant in the jeot of the physicion.  After this certificate has been signed by the optending of the burial-tracial permit. Then please remove all the and Mental Hygiene prior to burial, cremation, ar rereard when them 18 shows any injury, or other traumatic expressed or them 18 shows any injury, or other traumatic expressed.		Conditions, if any,		DUE TO, OI	MAS A CONSE	ONENCE OF	Yeart Fa	ler		5	ica
that the d by the leose remial, cremo		couse (o), stoting underlying couse		DUE TO, OF	A A CONSE	OUENCE OF	she Caro	Irvara	ela Diva	e Jya	ed
requires ren signe 1. Then pl or to bur	TION						NOT RELATED TO THE TERM				
TAL RECOR	CERTIFICATION	9a DATE OF OPERATE				HICH OPERATION	N WAS PERFORMED		IN CERTIFY YES		
SION OF VITAL RI PHYSICIAN: The ic ending physicion. this certificate hos he burial-transit per and Amental Hygiene d or frem 18 shows	CAL	210. ACCIOENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEAT	P./	M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE	OF INJURY IN ITEM 18 PA	RT I OR PART 2)	
NG PHYSIC ottending frer this cert os the borriel th and Menriel	MED	21d INJURY OCCURRE WHILE NOT WHILE AT WORK	E 🗍	21e. PLACE ( (AT HOME, STR	DF INJURY EET, FACTORY, OFF	FICE, FARM, ETC }	21f. LOCATION STREET		IY OR TOWN	COUNTY	STATE
OR ATTENDI e hospitol or DIRECTOR. A socked for use Dept. of Heal		22a. I certify that (I) (1 sow the deceased	olive on_	October	21	9 8 G , an	d that in (my) (our) opinion	, to <i>No</i>			hot (I) (%e) lost ouses stated
- f - f		226 SIGNATURE	120	Kn	61	3	ATTENDING PHYSICIAN DE PROPERTIES DE PROPERT	MEDICAL DIRECTOR DI	STAFF PHYSICIAN []	11/0	9/86
TO HOSPITAL retained by th TO FUNERAL should be det with the Stole with MAPORTANT:			' GORI	BATY, M.			GLEN BUR	NIE, MD.	21061	- Y	
BP	15	JRIAL, CREMATION, RI PECIFY) Urial	EMOVAL	236. DATE 11/12/			Chapel Cemet	23d. LOCATIO	NWC	COUNTY	STATE Marvland
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU T.	NERAL DIRECTOR	Russe son_A	11 C. W	itzkemoni	Suneral	Homes P.A.	E REC'D BY REGI	STRAR 25b. REGISTR		



1. 1. 1 2000				STATE OF MARYLAND	to the state of th	
4 4 NOV	<b>1</b> 0.	SATE REGISTRAR	D	DEPARTMENT OF HEALTH AND MENTAL HE CERTIFICATE OF DEATH	YGIENE 6 0	EST
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
poge 3 er death	(////	LESTER	F	JOHNSON	NOVEMBER S	5, 1986 1238 A
	3. SE		4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Male	white	June 6, 1908	78 YRS.	
1 th		MTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
5	10			WIDOWED DIVORCED	ANNE ARUNDI	EL COUNTY W
3 4 1/	10. C	TY OR TOWN OF DEATH		, NURSING HOME OR OTHER INSTITUTION  SIVE STREET ADDRESS)	12a. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OF
Je I	1	GLEN BURNIE		INDEL HOSPITAL	Truck Driver	Freight
and		AL RESIDENCE (IF NURSING HOME OF		OR TOWN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD	E
1			A. Gler	n Burnie YES NO K	887 S. Shore	Dr. (21061)
100 7	) FA	ATHER'S NAME FIRST		nson Addi		LAST
8	16a. \	VAS DECEASED EVER IN U.S. AR		nnson Add 1		nie,Md. 21061
Poges		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)			
navol. ent, the m	=	NO 18 CAUSE OF DEATH (Enter or		7-07-813 Albert W.	Herb, Jr., 889 5. St	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
iii. Then please remoriate to buriol, cremati	ATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (		ING TO DEATH BUT NOT RELATED TO THE TEI		VEN IN PART 1:0  S, WERE FINDINGS USED
Shaws or	CERTIFICATION				YES NO Y	FYING CAUSES OF DEATH?
Hygur 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		NTH DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
Aente Herr	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M.	19 211. LOCATION		
ed or	MEC	216 INJURY OCCURRED	21e. PLACE OF INJURY		CITY OR TOWN	COUNTY STATE
olth one morked	gri,	AT WORK		0/21 24	1 NOV. S	Pho
Heo		22a. I certify that (I) (this haspi	A A	A /	on death occurred on the date and ha	19, that (1) (we) la
ot of o	H	sow the deceosed olive on obove (1 we) (did) (did no 22b. SIGNATU E	ot) view the body ofter deat	th. DEGREE	on death accorded on the date and ha	22c DATE SIGNED
toche E Dep		AU. SIGITATOR	01		MEDICAL STAFF DIRECTOR   PHYSICIAN	NUV E 19
Stote	23	22d. PHYSICIA				
with the Stote [	H	CHARLES J.	WU M.DY		7845 QAKWOOD ROAD URNIE, MARYLAND	•
5 3 ₹	23a E	BURIAL, CREMATION, REMOVAL	. 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		
	В	urial	11/7/86	Good Shepherd Cemet	ery Ellicott City	Howard Co. MD
14 4044 7 /04		JNERAL DIRECTOR		25a. D	ATE REC'D. BY REGISTRAR 256. REGIS	
16 60M 7/84 ( 15, 4)	Ge	orge J. Gonce, 4	4001 Ritc hie	Baltimore,MNO	V - 7 1986 Julia	Divideon Parlace

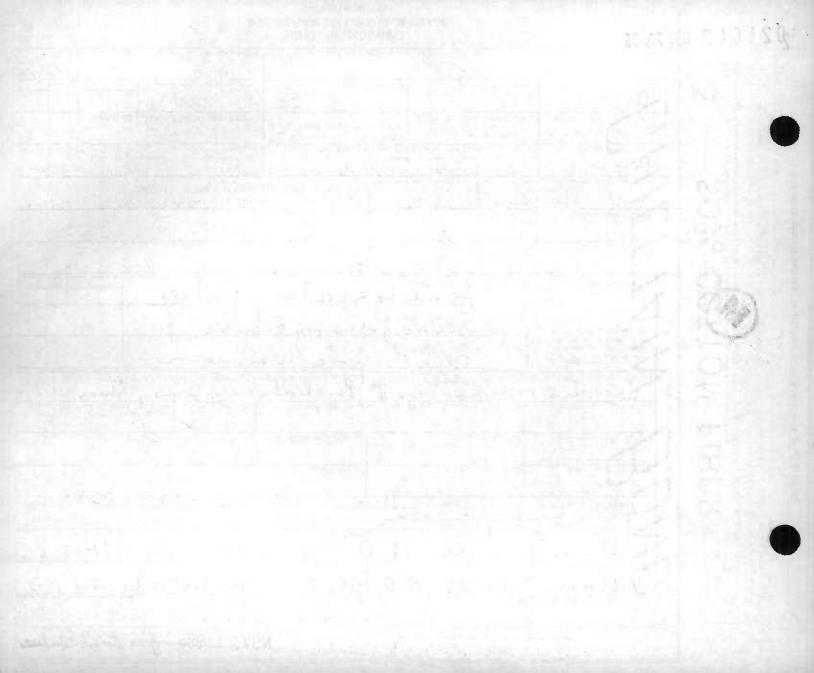
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500 University Blvd. West, Silver Spring, Md.

DHMH - 16 60M 7/84

(VRA 15, 4)

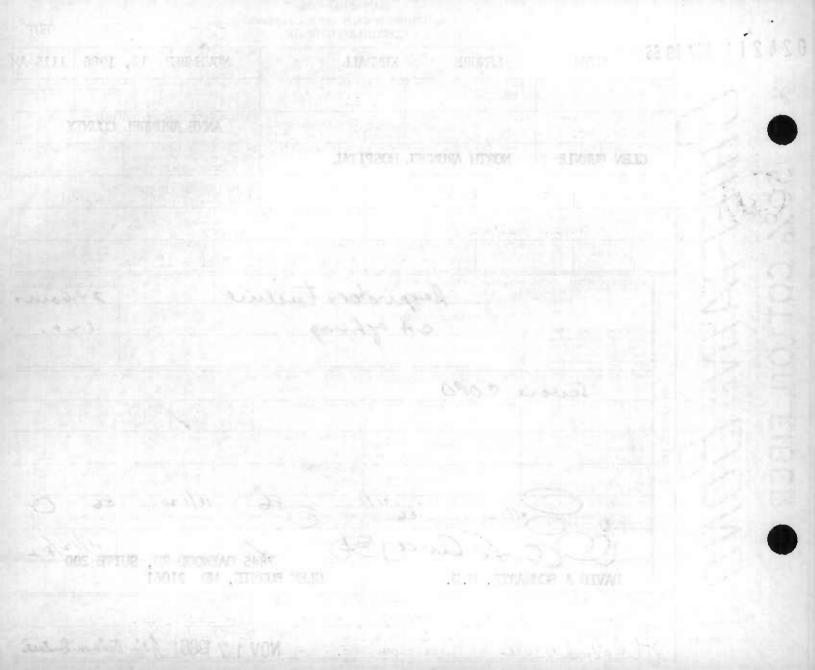
STATE OF MARYLAND



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טביים מינים שבנ	T	STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO	300/
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oth o		OR PRINT)	~	12	N	
> 0 p		John	0 11).	Demoton	11/0	U. 30,1986 M
4 mo for, po	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)  IF UNDER 1 YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.
s of a		Male	(1) hite.	Feb. 11.1915	111	YRS.
Po Po		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	17 8	9 BALTIMORE CITY O	R COUNTY OF DEATH
유 교육	r	COUNTRY)	1150	MARRIED NEVER MARRIED WIDOWED DIVORCED	0.000	0-21-1-1
ep co	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURS	WIDOWED DIVORCED DIVORCED DIVORCED	12a USUAL OCCUPATI	ON 126 KIND OF BUSINESS OR
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E, A	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	EURITY NO. 17 INFORMANT	ADDRE	Magnuson
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es that; ned by please urial, cri	1	DIATA CIUSDO CONTEGUNIA	(c)			
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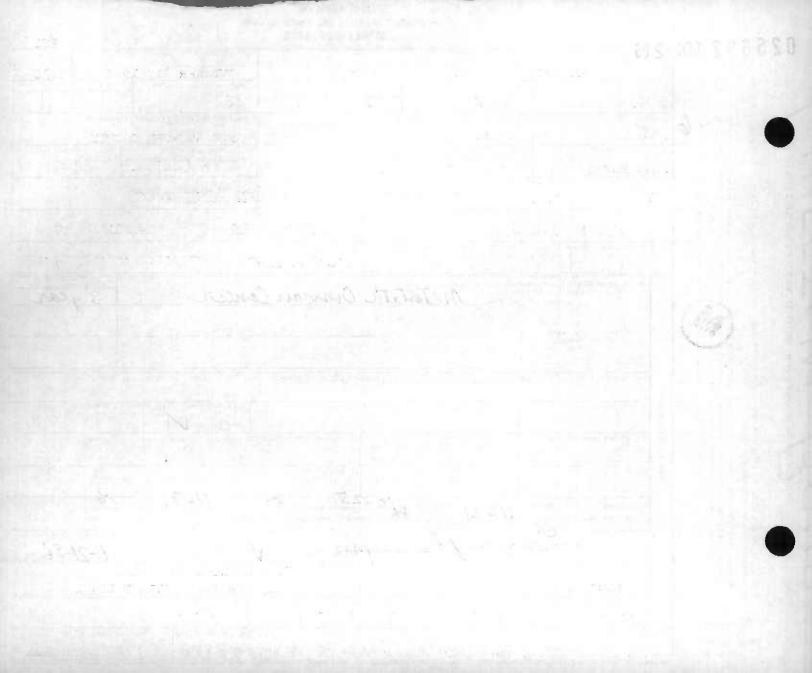
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STATE OF MARYLAND



J.B. JENKINS F.H. 7474 LANDOVER RD LANDOVER MD

(VRA 15, 4)



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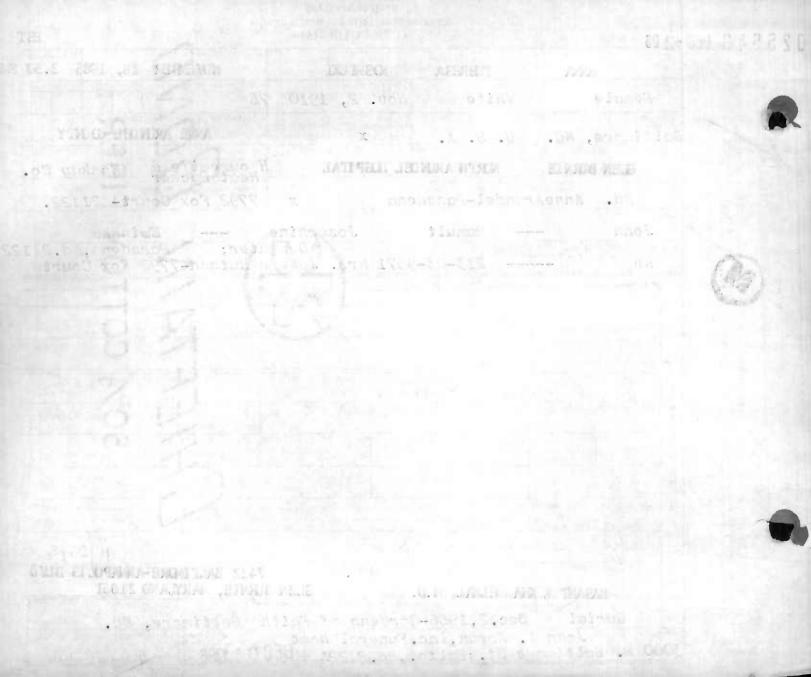
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ofter of the softer of the sof	A	mapall	Anne		10/6	PARTOL	(TYPE OF WORK FOR MOST C	F WORKING LIFE) INDUSTR	4
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				STATE OF MARYLAND		
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6 54		GEN BURNIE	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKING LIT HOUSEWIFE	126 KIND OF BUSINESS OR
MARYLAND 2 12 ed within 24 hear militaries filled in child chipfuld be affairhee milit be	13a. S	Md. Anne	or other institution give residence before JUNTY 136. CITY OR TOW Arunde L-Pasad		Meat Packer 13. STREET ADDRESS / ZIP CODE 7792 Fox Cou	
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Por		sow the deceased alive a	ot view the body after death.	, and that in (my) (our) opinion	death accurred on the date and hou	r and from the causes stated
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TO HOSPITAL retoined by th TO FUNERAL should be deter with the State		THE PHYSICIAN'S NAME (1991	K KHANDELWAL, M.D.	22e ADDRESS	7422 BALTIMORE-A BURNIE, MARYLAND	
0 à 5 à 3		BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
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	STATE OF MARYLAND
	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 3 0 5 5
4000 11011 11 0	REGISTRAR Walter C. Krause CERTIFICATE OF DEATH REG. NO.
4 U U U NOV 14 8	DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR, 26 HOUR -
1 76	WALTER C. KRAUSE 11 12 86 12 8/
You god	S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
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5 to 19 %	GLEN BURNIE ARUNDO GENATRO PNO CLO Tire Builder Manufacturns
2 0 2 4	ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
9 2 39 30	130. STATE 130. COUNTY 132 CITY OF TOWN A 130. INSIDE CITY LIMITS? 130. STREET ADDRESS OF BD 21122
3 1 1 1	FATHER'S NAME IS. MOTHER'S MAIDEN NAME
AA 42 44 /4 //	FIRST MIDDLE LAST FIRST MIDDLE LAST
2 1 13/6-U	John G. Krause Mary Klotz
See of the see	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT Riviera Beach Md. 21122
IM s od s	NO 214 05 9641 Jean Sass 227 Harlem Rd.
ALT	18 CAUSE OF DEATH (Enter only one couse per line for (a), (1), and (1), (2), (2), (3), (3), (4), (4), (4), (4), (4), (4), (4), (4
2 200	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)
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	Conditions, if ony, which gave rise to immediate (b)
N	cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF
of the police of	(c)
8.3	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
00 00 00 00	190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
9 1 1119	190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
At a series	YES NO YES NO YES NO TO THE TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)
M Thirty N	210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART LOR PART 2)
8 24 198	
NG PHYSICA attending in the this certification at the bounds.	21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION
S C + + + + + + + + + + + + + + + + + +	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE
D S S S S S S S S S S S S S S S S S S S	22a.1 certify that (1) (this haspital) attended the deceased from U/E 1986, to U/D 1986, that (1) (we) lost
The second	saw the deceased alive an 1/2 19 6, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above. (I) (me) (did) (did not) view the hady after death
# # 4 C C F	above, (1) (we) (did) (did not) view the body alter death.  22t. DATE SIGNED C
Q * Q Q #	ATTENDING MEDICAL STAFF MILE STAFF
4 7 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	PHYSICIAN DIRECTOR PHYSICIAN
HOSPITA THE STORY OF THE STORY	27d. PHYSICIAN'S TAME (M. C. PAINT) 27e ADDRESS
O FUNE TO FUNE TO FUNE TO FUNE	
51 5413	230. BURIAL, CREMATION HEMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION
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DHMH - 16 50M 4/83 (VRA 15, 4)	NAME DOLLO NILLO ADDRESS CICCO MON 7 4000 / Lea Academ Per dalla
(VKA 15, 4)	George J. Gonce 4001 Ritchie Hgwy

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF D

EATH	0 0		W !	3 13	0
EAIN	REG.	NO.			
	20. DATE OF DEATH	MONTH 11	17	86	26. HOUR

-		EASED NAME FIRST	WIDDLE		ASI	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR_
	(TYPE	Juliu	S		Kruesi		11	17 86	324
	3. SEX		4 RACE	5. DATE O	OC DIDTU	6. AGE (IN YEARS LAST	BID7MDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	3. SEX	Male	White	MONUS		- A	YRS	MONTHS BAYS	HOURS MIN.
20	W BIR	RTHPLACE (STATE OR FOREIGN	b. CITIZEN OF WHAT	COUNTRY? 8.		9 BALTIMORE CITY		TY OF DEATH	
1		itzerland	U.S.A.	MARRIE	DE DIVORCED	Anne Am	undel		MD.
2/	10 CI1	TY OR TOWN OF DEATH			OR OTHER INSTITUTION	12a USUAL OCCUPA		126 KIND OF	BUSINESS OR Trading
0	The same of the sa	altimore /	Meridian	TY, GIVE STREET ADDRESS) Nursing Ho	ome	Manager	TOF WORKING	Inter,	Continen
9	13a S	RESIDENCE (IF NURSING HOME OR TATE 136 COUNTY RICH	TY, 1 13c/C	ity of town aten Island	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	lary A	venue 1	0306
7	A	THER'S NAME FIRST Ferdinand	AIDDLE	Kruesi	15 MOTHER'S MAIDEN N	AME		Von Ro	+ 7
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		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per line o	ir (0), (b), and (c)	10 0	L'0.	341.1	APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
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		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIB	BUTING TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CO	NDITION G	IVEN IN PART 110	
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1		OR CONTRIBUTING CAUSE OF DEA	110110 1 11	MONTH DAY YEAR		(ENTER MAIORE OF R	2011 11 11 11 11		
/-	δĀ	(IF EITHER NOTIFY MEDICAL EXAMINER)		19	200.000.000				
	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJ	TORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR	NWOT	COUNTY	STATE
		AT WORK NOT WHILE		0	1 2	( A)	0.	10 01	1200
	1	220.1 certify that (1) (this haspit			11 190	10 10	1 Lamed	1900, 11	not (I) (e) last
		sow the deceased alive on obove, (1) (M) (did) (did not	) view the hady after of	19 19 o	nd that in (my) (our opinio	on death occurred on the	date and he	out and from the co	ouses stated
		226. SIGNATURE	14	10	DEGREE			22c DATE S	IGNED
,		June D.	Ohn	lek je		DIRECTOR PHYS	AFF SICIAN [	111	7-86
1	10	224. PHYSICIAN'S NIME (TYPE OF	- 1.	nnik	22e ADDRESS	-	01	12.	La
1		Jerry	N. 2KM	ARBEK	13708 M	motam	Me	As Jan	112/2
1		URIAL, CREMATION, REMOVAL	236 DATE 100		EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	,	SPECIFY) Burial	11/20/86	Resurre	ection Cem.	Staten Ts	land	Richmon	d N.Y.
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DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR George J. Gonce

4001 Ritchie Hgwy Balto Md

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22e. ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

Parkwood

DHMH - 16 60M 7/84 (VRA 15. 4)

the b

Leonard J. Ruck, Inc., 5305 Harford Rd.

COPELAND, M.D.

23b. DATE

12-3-86

230. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE DEC 1 1086 Julia Dender Par Julia Dandson Pandaca

COUNTY

95 AQJAHART ROAD, SUITE 203

GLEN BURNIE, MARYLAND 21061

23d LOCATION

Balto., Md.

7b. HOUR

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IF UNDER 24 HRS

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	frer of	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE	(IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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	TTENDI bital ar TOR: A for use of Heal	10	sow the deceased alive or	11/16	and that in (my) (a	iur) opinian death a	ccurred an the date and ha	. ,	that (I) (we) last
	OR AT DIRECT sched to Dept. of I Item 2		27E SIGNATURE	of, view the body after death.	DEGREE			22c. DATE S	
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	0 g 0 4 1 3 +		URIAL, CREMATION REMOVAL		NAME OF CEMETERY OR CR		LOCATION CITY OR TOWN	COUNTY	STATE
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	(VRA 15, 4)	10:	SEPH L. CANG	Y WEST FRIRE	NOSHIP MO	1104 1	Julia	Dandernik	andalle
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0251	7 0 NOV	25-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE S S CERTIFICATE OF DEATH  REG. NO.									
			CEASED NAME	FIRST		WIDDLE	U	AST	20. DATE	OF DEATH MONTH	H DAY	YEAR 2	b HOUR	776
9	deoth deoth	(TYPE	ORPRINT)	ertie		М.	Lee		Nov	ember 24,	1986	5		М
ноу	p p				4 RACE		5. DATE OF BIRTH			IN YEARS LAST BIRTHDAY)		DERTYEAR	HOURS	MIN.
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ORE,	Poges 1		VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU		17 INFORMANT		ADDRESS		Burn		
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ICIAN, T g physic	antification and the second		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	HOUR A.	DÉ INJURY M. MONTH DA M.	AY YEAR	21¢ HOW INJURY OC	CURRED (ENTE	R NATURE OF INJURY IN IT	EM 18 PART I	OR PART 2)		
IVISION 4G PHYS attendal	to the the	MEDICAL	214 INJURY OCCUR			OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	211. LOCATION STREET		11/24/	84	COUNTY	STA	ITE
A Participation of the Partici	CTOR, Al of Healt in 21 is mo	1	22a.1 certify that (1) saw the decease abave, (1) (we)th	ed alive an	11/2:	3/86 19		d that in (my) (our) apin	nian death occi	urred on the date ar	. 19_ id haur and	d from the co	-	, , , , , , , , , , , , , , , , , , , ,
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STATE OF MARYLAND

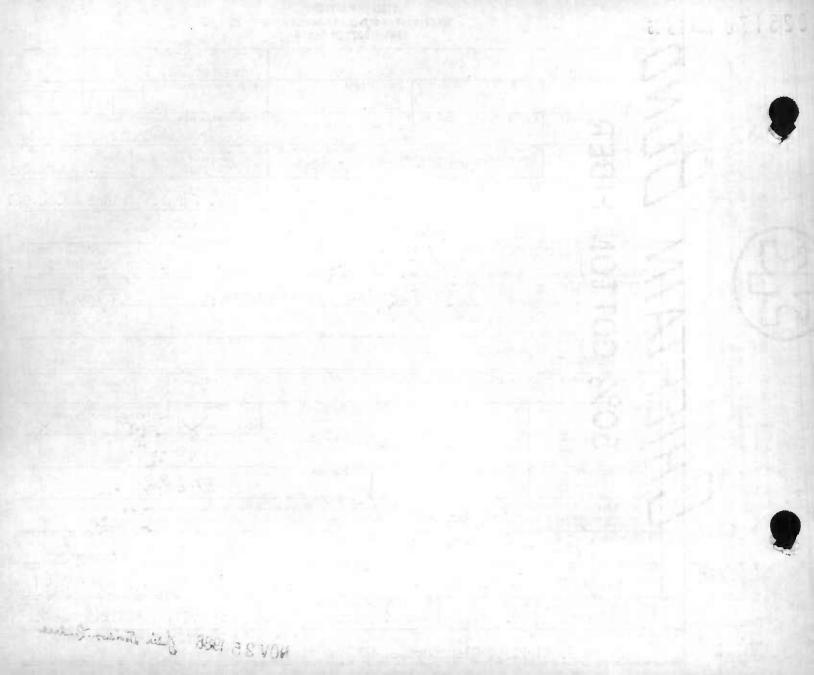
BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

(SPC Pemation

24 FUNERAL DIRECTOR James S. Kirkley, Glen Burnie, MD

Nov. 24,86

Security Process Inc. Catonsville Balltimore STAMD NOV 2 5 1985



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□ 単 元章2 <b>建</b>	PARTI	DEATH WAS CAUS	ED BY: TE CAUSE (0) Meta	Static Breast	Concer	31/2 years
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DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r otherding physicion.  When this certificate hos been signed to the buriol-tronst permit. Then he and Mental Hygene permit rob buried or termal 8 shows ago; injury orked or termal 8 shows ago; injury	IND DATE					
ow rough bee	190 DATE	of operation	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED		0b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
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OR A DIRECTORED Dept.	27k SIGN	CRE	11/	DEGREE	NIC. MEDICAL CTAFF	22c. DATE SIGNED
the the	-	Juses U	) Colem		MEDICAL STAFF	11/26/06
HOSPITAL FUNERAL Suld be det th the Store	22d. PHYS	ICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS	Ikinal com A	NNAP. Md.
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7 5 5 € 3 ₹	23a BURIAL, CR	EMATION, REMOVA		NAME OF CEMETERY OR CREMAT	TORY 23d. LOCATION	( COURT SLATE)
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(VRA 15. 4)	1 7.11	- HAROSi	ty Hornorales	Md. 21801 1	DEC 2 1986 A	ulia Deordion-Kondalla

Laborated Smith A ... 6124 A Company A REPORT OF THE STATE OF THE ST 023334 NOV

STATE	OF	MARY	LAN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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	REG NO		

25 NATE RECD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1986

9 EST

	1 DEC	EASED NAME	FIRST	A	AIDDLE	1	AST		2a. DATE OF DEATH	MONTH DA	AY YEAR	2b HOU	D
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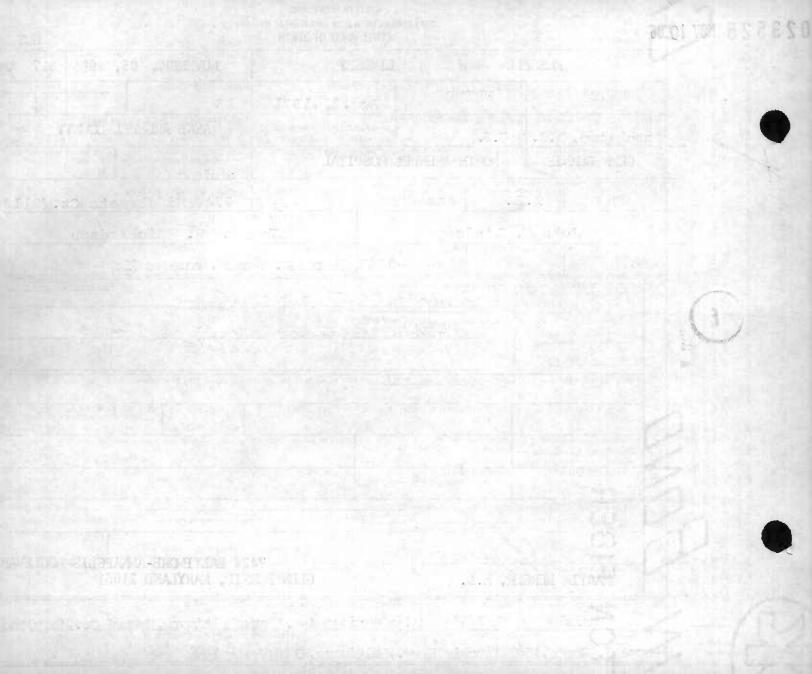
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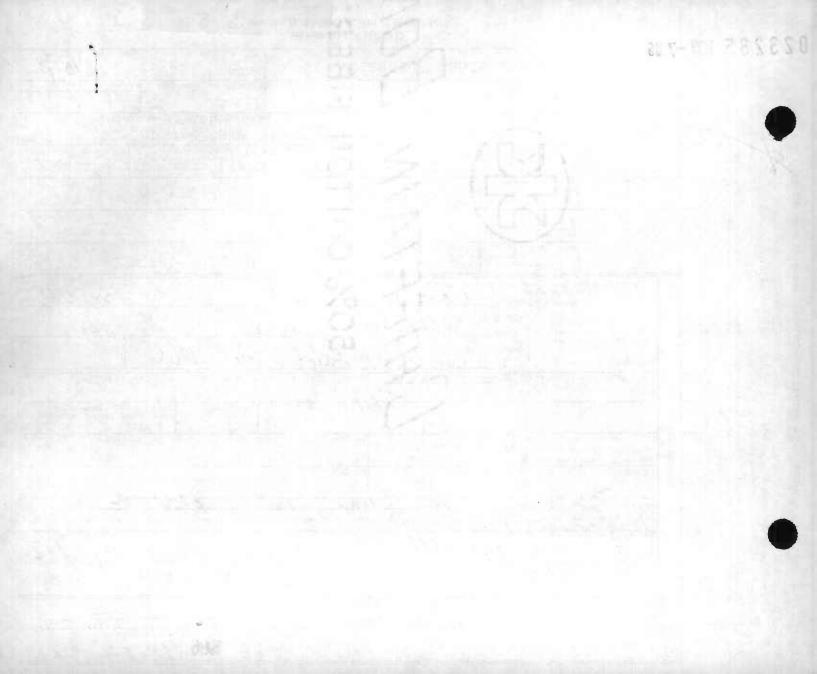
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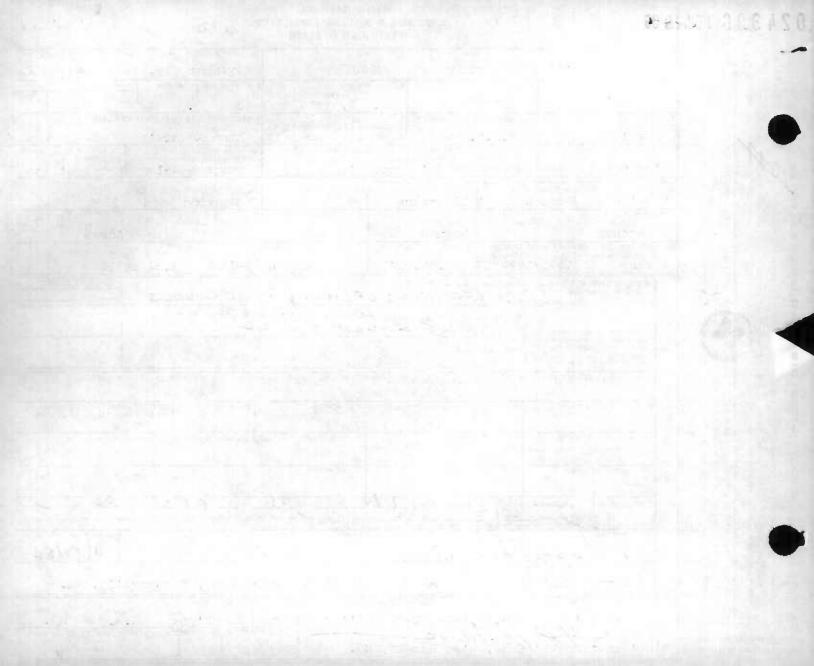
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO GEASED NAME KNOWN OF ESTI-LE NECESSARY, PLEASE
FEUNERAL DIRECTOR.
SE 5 FOR YOUR FILES.
LED WITHIN 72 HOURS
J) W. PRESTON STREET, DEATH MATED 2419 86 Michael Lockard 4. RACE IF UNDER 1 YR MONTH DAY DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS 2d. HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 2:50P CaucasianSEPT 12, 1969 DEAD 24 19 86 Male PA BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED & FOREIGN COUNTRY) Anne Arundel County, Maryland USA DIVORCED WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS PETAIN PAGE
HOWED BEFUE
RECORDS (20) OR INDUSTRY FOR MOST OF WORKING LIFES Crofton 1800 Seton Drive (parking lot) Student School USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 1854 Neumann Way Anne Arundel Crofton YES Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME DEATH GES T FIRST MIDDLE MIDDLE Ellen Robert Lockard Franklin L. ef Medical Examiner Along With Form Edas A Bural - Transit Permit, Pages 1-44 Heath and Mental Hygiene, division of Al, Cremation, or Remoyal. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 1854 Neumann Way Crofton. MD 21114 (YES, NO, OR UNKNOWN) 216-04-9857 Robert D. Lockard APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION INER: THIS CENT.
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E FORWARDED TO THE CHIEF ME.
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CTATE DEPARTMENT OF 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH MEDICAL 24 1986 self inflicted 21e PLACE OF INJURY 211 LOCATION AT WORK AT WORK EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNEMAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P 1800 Seton Drive, Crofton, parking lot A.A. CO, MD. Autopsy X 27a I certify that I took charge of the remains described above, held an Inspection and in my opinion X Homicide death resulted from: Notural couses Undetermined monner TITLE (SPECIFY) ACTUAL 11/25/86 ...Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. 230. BURIAL, CREMATION, REMOVAL TA DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) 28,1986 Maryland Veterans Cem. Crownsville, Buria Anne Arundel, 07/84 25M 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 16000 Annapolis Road **DHMH - 17** 20715-3043 Bowie. MD (VR A15 ME (5)) Beall Funeral Deviden. 7

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of o		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	7
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DHMH - 16 60M 7/84	24. FU	JNERAL DIRECTOR	RT#1 B	250 DA	TE PEC'D BY REGISTRAR 256 REGIS	TRAP'S SIGNATURE
(VRA 15, 4)	To	M HELFENBE	IN FUNERAL		JEU 1 1986 July	Derdon-Rodollo

OW PRINSNEY TO THE THE THE PRINCIPLE TO SEE A LITTLE C1 (4 575 Telement provide at colon Rota Milmond Arti Board of 2006 diabets mall to Some Palate du Fait total and Willet Maybeard Donaston 



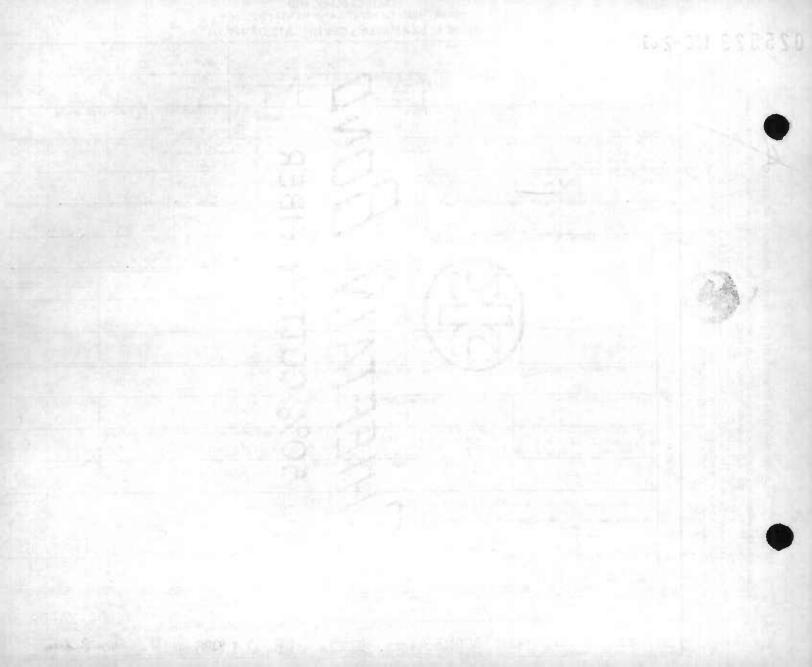
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saw the deceased alive an above, (1) (wetterd) (did no 2b. SIGMATURE	n (0 3) ot) view the body o	19 8		DEGREE ATTENDING	MEDICAL STA	FF	22c. DATE	
				22e ADDRESS				
Edmund Kasit	tis	MD		1801 Freder	ick Road, Ca	atonsvi	ille, N	Md.
RIAL, CREMATION, REMOVAL	23b. DATE	23c. N	NAME OF CE	EMETERY OR CREMATORY	234 LOCATION			10 to
Burial ,	Nov.19	,1986 C	edar H	Hill Cemeterv				Md.
ERAL DIRECTOR	5 1/10A	Ame		25a. DA	TE NEC D. LY REGISTRAR	TSb. REGISTR	AR SIGNAT	tire Kandae
2 2 2 2 RE	Id. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTEY MEDICAL EXAMINE  ID. INJURY OCCURRED  WHILE NOT WHILE ALWORK  POLICE OF THE MEDICAL EXAMINE  ALWORK CALL  SOW the deceased give on obove, (1) (we tradit) (did not obove, (1) (we	ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DATE	10. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING   CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19   10. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME. STREET. FACTORY, OFFICE. FARM, ETC.)   21c. PLACE OF INJURY (AT HOME. STREET. FACTORY, OFFICE. FARM, ETC.)   21c. Indianal Control of the deceased from sow the deceased clive on obove, (1) (west 24d) (did not) view the body offer death.   22b. SIGNATURE   22c. NAME (TYPE OR PRINT)   22c. NAME OF COLUMN   22c.	21b. TIME OF INJURY   19   21c. HOW INJURY OCCUR   10c ACCIDENT WAS UNDERLYING   CAUSE OF DEATH   HOUR A.M. MONTH DAY YEAR   19   19     10c INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)   21l LOCATION   STREET     10c ACCIDENT WAS UNDERLYING   21l LOCATION   STREET     10c ACCIDENT WAS UNDERLYING   21l LOCATION   STREET     10c ACCIDENT WAS UNDERLYING   21l LOCATION     10c ACCIDENT WAS UNDERLY WAS UNDERLYING   21l LOCATION     10c ACCIDENT WAS UNDERLYING   21l LOCATION     10c ACCIDENT WAS UNDERLYING   21l LOCATION     10c ACCIDENT WAS UNDERLY WAS UNDERL	YES   NO     YES   NO	Incertify the first of the period of the deceased from sow the deceased olive on obove, (1) (werterial) (did not) view the body offer death.    P. PHYSICIAN'S NAME (TYPE OR PRINT)   P. PHYSICIAN   P.	Inc. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (RETHER NOTHY MEDICAL EXAMINER)   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)   21c. HOW INJURY OCCURRED (INJURY MEDICAL EXAMINER)   21c. PLACE OF INJURY (AT HOME. STREEL FACTORY, OFFICE, FARM, ETC.)   21l. LOCATION SIREEL (INVORK ALWORK IN INJURY OCCURRED)   21c. PLACE OF INJURY (AT HOME. STREEL, FACTORY, OFFICE, FARM, ETC.)   21l. LOCATION SIREEL (INVORK IN INJURY OCCURRED)   21c. PLACE OF INJURY (AT HOME. STREEL, FACTORY, OFFICE, FARM, ETC.)   21l. LOCATION SIREEL (INVORK IN INJURY OCCURRED)   21c. PLACE OF INJURY (AT HOME. STREEL, FACTORY, OFFICE, FARM, ETC.)   21l. LOCATION SIREEL (INVORK IN INJURY OCCURRED)   21c. PLACE OF INJURY (AT HOME. STREEL, FACTORY, OFFICE, FARM, ETC.)   21l. LOCATION (INTO TOWN INJURY OCCURRED)   21c. PLACE OF INJURY INTEM 18 PART I OR PART 2)   21l. LOCATION (INTO TOWN INJURY OCCURRED)   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTEM 18 PART I OR PART 2)   21l. LOCATION (INTO TOWN INTEM 18 PART I OR PART 2)   21l. LOCATION (INTO TOWN INTEM 18 PART I OR PART 2)   21l. LOCATION (INTO TOWN INTEM 18 PART I OR PART 2)   21l. LOCATION (INTO TOWN INTEM 18 PART I OR PART 2)   21l. LOCATION (INTO TOWN INTEM 18 PART I OR PART 2)   21l. LOCATION (INTO TOWN INTEM 18 PART I OR PART 2)   21l. LOCATION (INTO TOWN INTEM 18 PART I OR PART 2)   21l. LOCATION (INTO TOWN INTEM 18 PART I OR PART 2)   21l. LOCATION (INTO TOWN INTEM 18 PART I OR PART 2)   21l. LOCATION (INTO TOWN INTEM 18 PART I OR PART 2)   21l. LOCATION (INTO TOWN INTEM 18 PART I OR PART 2)   21l. LOCATION (INTO TOWN INTEM 18 PART I OR PART 2)   21l. LOCATION (INTO TOWN INTEM 18 PART I OR PART 2)   21l. LOCATION (INTO TOWN INTEM 18 PART I OR PART 2)   21l. LOCATION (INTO TOWN INTEM 18 PART I OR PART 2)   21l. LOCATION (INTO TOWN INTEM 18 PART I OR PART 2)   21l



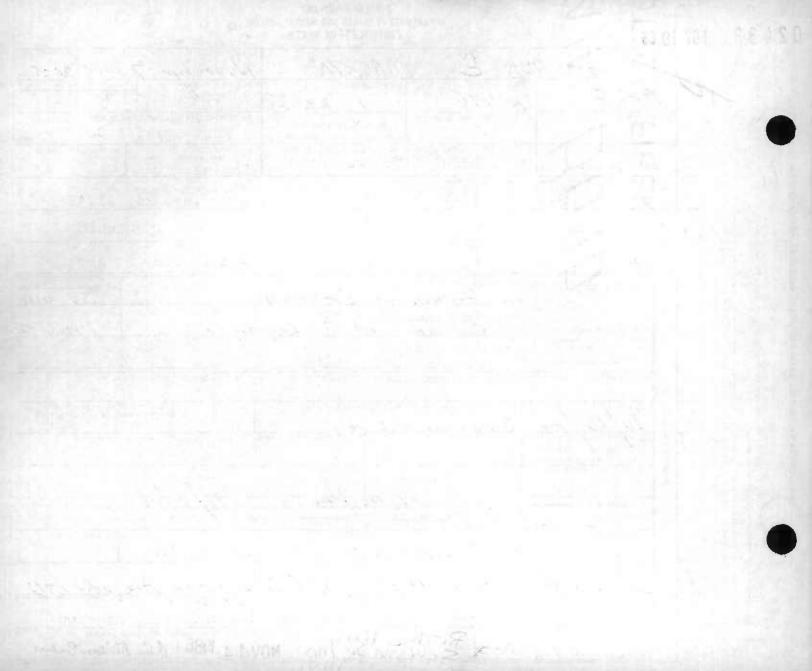
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 26. DATE KNOWN X MONTH (TYPE OR PRINT) OF ESTI-Lugenbee1 Timothy 25. 86 4 RACE 6. AGE IN YEARS IF UNDER 1 YR 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED White Male Dec 31 1963 22 YPS DEAD BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRYS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED \* NEVER MARRIED FOREIGN COUNTRY Anne Arundel County, WIDOWED DIVORCED Maryland IIS A

NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 26. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY Baltimore Baltimore-Washington Parkway Laborer USUAL RESIDENCE (IF IN NURSING TOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) DECOUNTY 13a. STATE 13d INSIDE CITY LIMITS 13e STREET ADDRESS YES NO 10020 W. RockvilleRd. 46234 Ind Indianapol 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Leonard Carl Killmayer Lugenbeel Mary (IF YES GIVE WAR OR DATES) 214-72-5343 NancyLugenbeel 10929W. RockvilleRd 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH Multiple injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 1 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 25 19 86 Pedestrian struck by auto 1:35 xx 11 218 PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, FTC.) AT WORK AT WORK Baltimore-Washington Pkwy, road A.A. CO, MD. 22e I certily that I taak charge of the remains described above, held an Autapsy and in my apinian Accident X Suicide Hamicide Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) Mn Assistant 11/25/86 EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 11/29/86 OakLawnCemeterv Burial Maryland Baltimore 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** ConnellyFuneralHome 300MaceAve. 21221 (VR A15 ME (5))

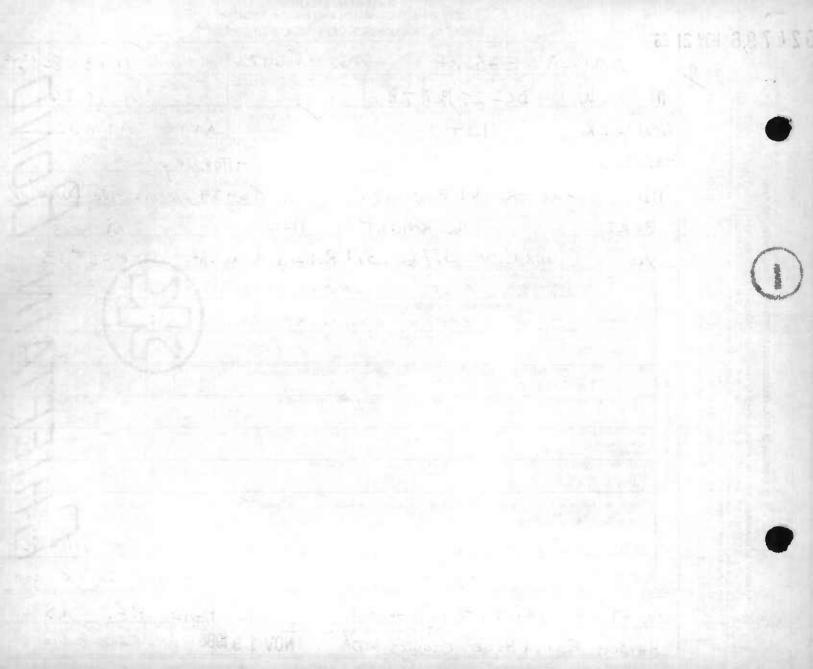
STATE OF MARYLAND



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	1 5	196 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WIN CERTIFYIN	VERE FINDINGS USED NG CAUSES OF DEATH?
28 23 2		10/16/4	Carcinoma of Esiphages YES NOW YES	ON O
Z Z B B E W	₩ ₩	To. ACCIDENT WAS UNDERLYING		1 OR PART 2)
0 34 100 17	1	OR CONTRIBUTING CAUSE OF DE	A(I)	
NO THE STATE OF	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY  LATHOMS STREET COTON OFFICE FARM FTC.)  SIRET CITY OR TOWN	COUNTY STATE
VIS	2	WHILE NOT WHILE AT WORK	(AT MOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN	51712
D N A A A A A A A A A A A A A A A A A A			stell attended the deceased from 10/14/4/9, 19, to 11/1/16, 19	that (1) (we) last
TE do of the state	1	saw the deceased alive ar	19 ond hat in (my) (out) opinion death occurred on the date and hour or	
RECT RECT POSP PPT: 0		abave, (1) (we) (did) (did no	w) view the bady after death.  DEGREE	122c. DATE SIGNED
toch of the Des		alla al	1 9 ATTENDING _ MEDICAL _ STAFF _	
HOSPITAL ned by the FUNERAL old be detected the State	-	22d. PHYSICIAN'S NAME TIPE	PHYSICIAN DIRECTOR PHYSICIAN  127e. ADDRESS	
HOSP tined to FUNE buld be buld be PORTA		10 10	( - 1 - m ) - 1/(//- 1 / h	/· / n
TO HOSPITA retoined by 1 TO FUNERA should be de with the Stoti		L'avid C	Green 11/2 Joh biddings to e Ann	spola mil)
F = - 0 / 2 /		BURIAL, CREMATION, REMOVAL	236 DATE 236 NAME OF CEMETERY OR CREMATORY 200 LOCATION	OUNTY STATE
BP		"Bürial	11-10-86 MD Veterans Cem. Crownsville,	AA MD
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	501 - Riotchie Huy 250 DATE REC'D. BY REGISTRAN 256. REGISTRAN	R'S SIGNATURE
(VRA 15 4)		p arranco F	501 Rightship Town Nov 1 1986 Line 1	cordern Pandall



-5			FOR	DEPARTME	STATE OF MARYLAND NT OF HEALTH AND MEN			7 0	0 4	
1217	U.C. MON 3		STATE EGISTRAR	MEDICAL EX	AMINER'S CERTIFICA	ATE OF DEAT	H REG.	NO.		
0 2 4 1	3,0 NUY 2	1. bje	EASED NAME FIRST	MIDDLE	LAST		DATE KNOWN OF ESTI-	MONTH D	PAY YEAR 26 HOU	
	Sange o	1	HAROLD	EGBert	Mackeni	1647	OF ESTI- DEATH MATED	0111	3 1986 124	M
15	明智書書	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	AGE (IN YEARS IF UNDER 1 YR. IF		DATE RONOUNCED	MONTH D	DAY YEAR 2d. HOL	JR
	1/02/20/A	D	IW		7 8 YRS.		DEAD	/1 17	3 86	Μ
-	WAS SEE		RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER	R MARRIED	BALTIMORE CITY		A	
	APPROVE T	IVe	TY OR TOWN OF DEATH	13 NAME OF HOSPITAL NURSIN	WIDOWED [	DIVORCED LISTA	LOCCUPATION (T	14201	KIND OF BUSINESS	ND.
	A PAGE	An	Wafelis	ANNE MOU	NO EL.	FOR MO	ST OF WORKING LIFE)	THE OF WORK	OR INDUSTRY	
21201	AND		TATE 13b. COUNT	No delle	TOWN 13d. INSIDE CITY (	LIMITS? 130 STREE NO D 645	54 Ween	15 Ave	Burrick	,
MB	10 Cos = 1	17	THER'S NAME	MIDDLE LAST	15. MOTHER'S	S MAIDEN NAME	MIDDLE	ELLIG	LAST	Ī
N. C.	A S S S S S S S S S S S S S S S S S S S	/	BERT	Mackn	right MA	94		MC	hols	
1	HE STONE /	16a. V (Y	VAS DECEASED EVER IN U.S. ARA	WAR OR DATES]	SECURITY NO. 17. INFORMAL	NT/	ADDRE		# 17	
1 15	A SHARE			RNOWN 511-6	0-23/9 Richar	a Mackini	GAT SA	ame as		_
1 5	M HOO TEM 18 ONG V SEENE. D		PART I DEATH WAS CAUSED		CONONMY	INSUFF	FICIENC?		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	Н
2		134	IMMEDIAT	DUE TO, OR AS A CONSEC						_
PRES.	ANSTANDA ANSTANDA		Canditians, if any, which gave rise to immediate	( CARNIC	VASCULM AT	THONG 50	conosis			
*	WIND SENTENCE		cause (a) stating the under- lying cause last.	DUE TO, OR AS A CONSEC		4-7-4-	11/2/12/19			
30	D S S S S S S S S S S S S S S S S S S S			(c)						
DIVISION OF VITAL RECORDS	ME DOE NOTING BELLE ALLEH AN VERNAT AND VERN	NO	PART 2 OTHER SIGNIFICANT CONDITIONS OF	CO ABVSE	TO THE YERMINAL DISEASE OR CONDITION GI	IVEN IN PART 1 (a);				
11 88	A LEBERT	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORME	ED?		2	0 AUTOPSY?	
E S	S S S S S S S S S S S S S S S S S S S	E	210. EXTERNAL CAUSE WAS	AN THE OF HIMM					YES NO	
0	CERTIFICATE S TING THE WO SED TO THE O 3 SHOULD BE DEPARTMENT		UNDERLYING OR	HOUR A.M. MONTH DA	Y YEAR 21c. HOW INJURY OF	CCURRED (ENTERNA	TURE OF INJURY IN ITEM 1	8 PART 1 OR PART 2]		
SIO	SHOP SHOP	MEDICAL	CONTRIBUTING CAUSE OF D	P.M.  21e PLACE OF INJURY (#	THOME, 21f. LOCATION					_
20	THIS CE WARDE PAGE 3 TATE DI 21201 P	ME	WHILE AT WORK	STREET, FACTORY, FARM, ETC.	STREET		CITY OR TOWN	COUNTY	STATE	
	NA SAR		22a. I certify that I taak charg	e of the remains described above,	held an Autopsy , Ir	Inspection ,	Inquiry , o	and in my opinia	in	
-	SYLA SYLA		death resulted from: Natur	ol couses . Accident	, Suicide , Hamicide		mined manner	,		
•	WAY WAY		ACTUAL //	1 / 1 -	TITLE (SPEC	21177		DATE	11/14/86	
A 10787	253453	1	SIGNATURE	6-11	M.D.		AL EXAMINER	SIGNED.	1111111	_
	TO MEDICAL EXAMINATION OF FUNE ALTER DEATH WITH A SALTIMORE MARY	73a B	EXAMINER'S NAME HAR (TYPE OR PRINT) HAR JRIAL, CREMATION, REMOVAL 2.	LLGS A. SEA	ADDRESS 7		CHE HU	uy sv	PK. mol.	_
07/84 25M	BP	CF	PECIFY) #	10114 1986 Ced	JAR HILL	Suit	TIAND	P. G.	MD	
	DHMH - 17 (VR A15 ME (5))		RAUSCH FUNLTO	1 11	IGS MD LANG	VOV 1 9 19	386 Julia	Am 8	Randare	



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FOR

STATE

I. DECEASED NAME

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If Ite

MPORTANT:

(TYPE OR PRINT)

SEX

REGISTRAR

4 RACE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH

MONTH

YEAR

2h HOUR

J. J.	F		Nearc		MONTH DAY YEAR 10 24 93			93 YRS. MONTHS DAYS HOURS A			
	RTHPLACE (STATE OR FI	OREIGN 76.	CITIZEN OF W	VHAT COUNTI	RY? 8	NEVER A	AARRIED 🗆	9. BALTIMORE CITY OR COU	NTY OF DEATH		
	RYLAND	`	res -	USA	WIDOWE		VORCED [	A.A		MD.	
10. CI	TY OR TOWN OF DEA	TH 11		OSPITAL, NUR	SING HOME C	ROTHER INST	ITUTION	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKIN	126. KIND OF BUSINESS INDUSTRY	OR	
Mi	llessuile, n	70	Knollw	mod /	henor			housewife			
	AL RESIDENCE (IF NURSI	NG HOME OR OT 13b. COUNTY		TIVE RESIDENCE BE		13d. INSIDE C	ITY LIMITS?	13e.STREET ADDRESS / ZIP C	ODE 2/4/	10	
	RYLAND	A.A.		ANNAPO	LIS	YES	NO 🗌	77 W. Washin	gton Street	5	
14 FA	THER'S NAME FIRST	MIC	DUE	LAST			MAIDEN NAM	AE MIDDLE			
JO	HN		H.		JOHNS	ON	SARAH		SN OWDEN ST		
	(AS DECEASED EVER	(IF YES, GIVE W	(AR OR DATES)	166 SOCIAL SI		17. INFORMA			21401		
IA	G no or orientally	(11 165, 0146 41	AN ON DAILS)	217-14-	.0297	GLORIA	P. HAL	L 680 Greenbri	er Lane		
3	18 CAUSE OF DEATH	1 Enter anly	ane cause per l	ine for tal, (b)	ond icity		) /		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	ATH	
	PART I. DEATH W.	IMMEDIATE		Card	10 Ken	Pat	rest				
			DUE TO, OR	AS A CONSE	OUENCE OF				00.	741	
	Conditions, if any,		(b)	4 1	uia .				arounc		
	gave rise to imm cause (a), stating		DUE TO, OR	AS A CONSE	OUENCE OF	1	2	. 1 1	N		
	underlying cause	last.	(c)_	atter	/	whe	Card	is-Vacc. Due	248	0	
	PART 2. OTHER SIGN	IFICANT CO	NDITIONS CO	NTRIBUTING.	TO DEATH BUT	NOT RELATED	TO THE JERM	NAL DISEASE OR CONDITION	GIVEN IN PART 11a	_	
ō N			Cona	estro	e \$120	it f	aller	1			
CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDIT	ION FOR WH	ICH OPERATIO	N WAS PERFO	RMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?	T,	
CER	210. ACCIDENT WAS UND	ERLYING	21b. TIME OF		***	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM		_	
	OR CONTRIBUTING C		HOUR A.N		DAY YEAR						
MEDICAL	21d INJURY OCCURR		21e. PLACE O		17	211 LOCATIO	N			_	
ME	WHILE NOT WHI	ILE [	(AT HOME, STRE	ET, FACTORY, OFFI	CE, FARM, ETC )	STREET		CITY OR TOWN	COUNTY STATE	E	
31	220.1 certify that		attended the	deceased fro	m an	19	10 87	10 NOU 1.2	1986 that (1)(we)	lost	
	saw the decease	d alve on	nou.	//		that in (my)	(aur) opinian a	leath accurred on the date and	hour and fram the causes stated		
	abave(1) (we) (d 22b. SIGNATURE	id{(did ng/)	riew the body o	offer death.	~	DEGREE			22c. DATE/SIGNED		
11	Bak	11/	Ma	Con	XDI		TTENDING	MEDICAL STAFF DIRECTOR   PHYSICIAN	11/12/1		
	201 PHYSICIAN'S NA	ME (Type OR PI	RINIA	0	100	22e. ADDRES		P DIRECTOR   PHISICIAN	1 3/01/	_	
	BARK	1	K. NI	4716A7	USON	50	FRA	NK (INS	T. ANNAY.		
- (	URIAL, CREMATION, I	REMOVAL	23b. DATE	- 1	3c. NAME OF C			23d LOCATION CITY OR TOWN	A L'OUNTY STATE		
BU	JRIAL		11-18-	1986 I	PINELAW	MEM P		Annapolis	A.A. Maryland		
24. Ft	INERAL DIRECTOR	Annar	polis,	Md. 214	<sub>0</sub> 01		250 DATE	REC'D. BY REGISTRAR 256. REC	GISTRAR'S SIGNATURE		
WI	LLIAM REES	E & S(	ONS MOR	TUARY.	P.A.		NU	V 1 4 1900 /	a Tradeon Por lace		

buriol, a the burial-transit permit. I ond Mental Hygiene prior ATTENDING should be detached for use as 0

DHMH - 16 60M 7/84

24. FUNERAL DIRECTOR REESE & SONS MORTUAF (VRA 15, 4)

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11	RESISTRAR			CERTIFICATE OF DEATH REG. NO.									
	CEASED NAME	FIRST	Λ	AIDDLE	L.	AST		20 DATE O	FDEATH MONTH	DAY	YEAR	26 HOUR	dian
( I TPE	OR PRINT)	Naomi	(1	NMN)	Mc	Cauley			November	8.	1986	10	M
SE	Х		RACE		5. DATE O	FBIRTH		6 AGE (IN)	EARS LAST BIRTHDAY)	IF U	NDER ! YEAR	IF UNDER 2	
/	Female		White	9	Novem		1901			/RS		HOURS	MIN.
	RTHPLACE ISTATE O	R FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8 AAA PRIET	D NEVER A	APPIED	9 BALTIMO	RE CITY OR CO	UNTY OF	DEATH		
1	Marvland	18.3	USA		WIDOWE		ORCED	A	A Co.				MD.
). C	ITY OR TOWN OF DE	EATH 1	1. NAME OF	OSPITAL, NURSIN	G HOME O		ITUTION	120 USUAL	OCCUPATION		126 KIND OF BUSINESS OR		
G	len Burni	e		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  orth Arundel Conv. Center  Housewife							Own Home		
JsŪ	AL RESIDENCE (IF NU					enter		nous	ewile		OWII II	Ome	
	TATE	136 COUNT		13c. CITY OR TOW		134 INSIDE C	ITY LIMITS?		ADDRESS / ZIP				
_	aryland	A A	Co.	Severn		YES 🗍	NO X		Washingt	on A	ve.	21144	
97	ATHER'S NAME	M	IDDLE	LAST			MAIDEN NA	ME	WIDDLE		LAST		
1	Frank	1 2 2 3		Keffer			lie		Missing		Ze	ller	
	VAS DECEASED EVE			16h SOCIAL SECU	RITY NO.	17 INFORMA	NT (Cous	in)	ADDRESS	260 0	uarte		d Ro
	NO OR UNKNOWN)	None	WAR OR DATES)	214.12.8	665	Mr. Jan					, Md.	211	
	1.					rii. Jai	ies 1.	Care	36	veil			
	18 CAUSE OF DEA	( <b>TH</b> (Enter only WAS CAUSED	one couse per BY:	line for (o ), (b ), one		11 0	. 0	1. 1	1-	- 3	BETWEEN	MATE INTERV	EATH
		IMMEDIATE	CAUSE (o)	wing	clero	tic C	WALD U	ascul a	10186	app	48	ang	-
			DUE TO, OI	R AS A CONSEQUE	NCE OF						1		
	Conditions, if on	y, which	(b)_							= 3			
	gove rise to in		DUE TO OF	AS A CONSEQUE	NCE OF			211LX2		3502	V.,	1700	200
	underlying cou-		100010,01	R AS A CONSEQUE	NCEOF								
	DADE O OTHER SIG	CALIFICANT CO	(0)	NITRIPILITING TO F	E A TILL BLIT	NOT BELLIEF	TO THE YER.		5 on solinitio				
Z	PART 2_OTHER SIG	SNIFICANTCO	SAUTIONS <u>CC</u>	NIKIBUTING TO L	ZEAIN BUI	NOI KELATED	IO THE TERM	IINAL DISEAS	E OK CONDITIO	N GIVEN	IN PARI IId		
CERTIFICATION			Ton one						30000				
Z	19a DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTO			G CAUSES		?
T						5-190	71.45	YES 🔲	NOD	YES [		NO 🗌	
E	21a ACCIDENT WAS U		21b. TIME O	FINJURY M. MONTH DA	V VEAD	21c. HOW IN	JURY OCCURR	RED (ENTER W	TURE OF INJURY IN IT	M 18 PART	OR PART 2)		
AL	OR CONTRIBUTING	,	H HOOK A.		19								
MEDICAL	21d INJURY OCCU		21e PLACE		- 17	21f LOCATIO	N			7		-	
ME	WHILE NOT V		(AT HOME STR	EET, FACTORY, OFFICE F.	ARM, ETC )	STREET			CITY OR TOWN		COUNTY	STA	TE
	AT WORK AT W						0/		77- 3		72		
	220.1 certify that (		4 4	deceosed from_	6 00		19.00	, to		, 19_		hot (I) (we	,
	above, (1) (we)			ofter death.			(our) opinion o	deoth Occurre	d on the dote on	d hour ar	d from the	ouses stote	ed
	226. SIGNATURE	1		0	7- 1	DEGREE					22c DATE	SIGNED	
	7	2	201	ny)	m		TTENDING PHYSICIAN	DIRECTOR	STAFF  PHYSICIAN [		11-	8-8	6
	224 BUYEN LANCE	LASAF INVESTIGATION		11		Ina ADDRES						- 0	

IMPORTANT 230. BURIAL, CREMATION, REMOVAL Buriak

FOR

23b DATE

23c NAME OF CEMETERY OR CREMATORY Nov 12, 1986 Clen Haven Mem. Park

Glen Burnie

Md . A A Co.

DHMH - 16 60M 7/84

(VRA 15, 4)

24. FUNERAL DIRECTOR Singleton Funeral Home Glen Burnie, Maryland 250 DATE REC'D SY REGISTRAR 256 REGISTRAR'S SIGNATURE

Suite 131, 95 Aquahart Road, Glen Burnie, Md.

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

00						REG. I	VO.			
TYPE OR PRINT	FIRST	WIDDLE		ST		20. DATE OF DEATH	MONTH DA		25 HOUR	
(TITE ON PRINT)	James	Daniel	McGi	lire, Si	r.		11/17	/86	9:1	TSE
3. SEX	14	RACE	5. DATE O	F BIRTH		6 AGE (IN YEARS LAST B	RTHDAY) 1	F UNDER 1 YEAR	IF UNDER 2	24 HRS
Male		W	MONTH 4	22	VEAR OS	78	YRS	ONTHS DAYS	HOURS	MIN.
To BIRTHPLACE (STA	TE OR FOREIGN 75	CITIZEN OF WHAT COUN	ITRY? 8	THE VED AL	ADDIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
WASH	DC.	USA	MARRIED WIDOWEI		ARRIED	Anne Aru	ndel			M
10. CITY OR TOWN O		1. NAME OF HOSPITAL, N				12a USUAL OCCUPA		125. KIND O		
Edgewater		leasant Livi		lecent (	Center	CONTRA	707	Const	ructi	Lon
T30. STATE	136. COUNT			13d INSIDE CIT	Y LIMITS?	13 STREET ADDRESS	ZIP CODE	7.21	103	3
14 FATHER'S NAME	441	DDLE LAS	,	15 MOTHER'S	MAIDEN NAM	MIDDLE		Curny	n	
Coli	ì	a Mann	VIRE	A	lice	MIDDLE	(	-0.2 M	yn	
160 WAS DECEASED		ED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMAN	IT	ADDI	ESS 20 2	Ax 60		1
NO.	N) (IF YES, GIVE V	217.0	17992-A	Tere	nce y	16vize	DAV.	CN020	de v	nd.
		ane cause per line for (a), (	b), and ic	- 7, 37				APPROXI BETWEEN	MATE INTERVO	VAL DE ATH
PART I. DE A	PART I. DE ATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) Parkinson Disease									
To the second	MAINTEDIATE CASSE (S)									7
Conditions if	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which ( ) Arteriosclerosis									
gove rise to immediate										
cause (a), stating the Underlying cause last. DUE TO, OR AS A CONSEQUENCE OF										
		(c)								_
	SIGNIFICANT CO	anditions Contributing	S TO DEATH BUT I	NOT RELATED T	O THE TERMI	NAL DISEASE OR COI	NDITION GIVE	N IN PART LIC	1	
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING		196 CONDITION FOR W	WAS PERFOR	MED	20a AUTOPSY?	WERE FINDINGS USED				
		The second second			YES NO YES		ING CAUSES OF DEATH?			
210 ACCIDENT W	AS UNDERLYING	21b. TIME OF INJURY		21c HOW INJU	JRY OCCURRI	D (ENTER NATURE OF IN)		PT I OP PART 21		_
OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR			, contains and				
(IF EITHER NOTIF	MEDICAL EXAMINER)	P.M.	19							
OR CONTRIBUTION (IF EITHER NOTIF		(AT HOME STREET, FACTORY, O	FFICE, FARM, ETC )	21f LOCATION	4	CITY OR T	OWN	COUNTY	51	TATE
ALLIER IN	OT WHILE						1	0.1		
22a. I certify th	at@(this hospital	I) attended the deceased f	Rati	75	19		17_1	986	that @(w	ve) las
saw the de	ceased alive on	view the bady after death.	19 6 , an	d that in ( ) (a	aur) apinian d	eath accurred on the	date and hour	and fram the	causes sta	ited
22b. SIGNATUR		The state of the s	C	DEGREE	40.00			22c. DATE	SIGNED	,
To	011.0	11 W/>n.	0 .		TENDING	MEDICAL STA		1/	1151	15
		VIII	_	Pr	H SICIAN	DIKECTOK   PHTS	CIMIN	61	1101	Q.

23c. NAME OF CEMETERY OR CREMATORY

311 Addison Road Seat Pleasant, Md.

Burial 11/21/86 24 FUNERAL DIRECTOR

Resurrection Cemetery Lee Funeral Home Inc.

250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE

Clinton,

Prince George's Md.

DHMH - 16 60M 7/B4

(VRA 15, 4) 663B Old Alexander Ferry Rd Clinton, Md 20735

125227 2736 The state of the s DE LA VE DE LE SUMMER A A FEM all land

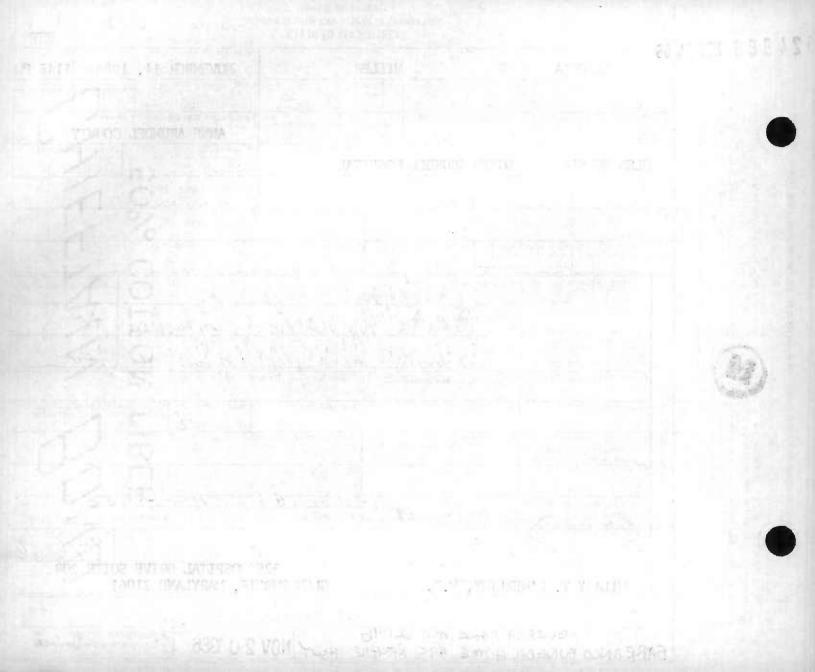
			STATE OF MARYLAND
3511 NOV 1	2	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 3 0 4 9 7
	1.00	CEASED NAME FIRST	REG. NO.
n e e		OP BOILTS	To The Control of the House
moy be poge 3		Esthe	R Mabel Michalson 11-4-86 A- N
d e	3. SE	3	4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
urs of	F	emale	White Sept. 16, 1910 16 YRS MONTHS DAYS HOURS MIN.
P 2 (5)	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED 9. BASTIMORE CITY OR COUNTY OF DEATH
oto oto	1	Minois	USA WIDOWED DIVORCED   Hone Arundel MD
事から	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDIVISTRY
ك قراد	6	Innapolis	Anne Arundel General Hospital Homemaker Home
8 8	U5U	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
= G	1	200	Annapolis YES X NO 195 Americana Drive And
The state of the s	14. F.	ATHER'S NAME	15. MOTHER'S MAIDEN NAME
201		FIRST	MIDDLE LAST FIRST MIDDLE LAST
		Conn	Lenhan Himura Hitchcock
ages		VAS DECEASED EVER IN U.S. AR YES, NO PREVINKNOWN) [ (IF YES, GIV	RMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Same as
P E		110 -	- B38-34-0550 Stanley G. Michalsen - #13
123			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0 6		PART I. DE ATH WAS CAUSE	100(+ (allenia)
9 11 6		IMMEDIA	ATE CAUSE 10) DVEWS 1 CUNICED GYEADS
000	1		DUE TO, OR AS A CONSEQUENCE OF
emotion er troun		Canditians, if any, which gave rise to immediate	(b)
, crem		cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF
or of		underlying cause last.	(c)
to buri njury, o	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
0 - 0 >	CERTIFICATION		
permit.	5	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
- 0 0	Ē		YES NO YES NO NO
Hygier 8 show	Ü	210. ACCIDENT WAS UNDERLYING	216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)  AND HOUR A.M. MONTH DAY YEAR
ental Hygi	AL	OR CONTRIBUTING CAUSE OF DEA	CALIF.
Mentol-	MEDICAL	21d. INJURY OCCURRED	71e PLACE OF IN HIRY 71L LOCATION
	A A	WHILE NOT WHILE	TAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
e as the oith and marked	1	AT WORK - AT WORK -	73185 111486
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2 4 6		saw the deceased alive an	n
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		Studet >	- Selovell, U10. ATTENDING MEDICAL STAFF 11/4/86
uld be den		224. PHÝ SICIAN'S NAME (TYPE C	THISICIAL BIRECION MISICIAL
the TRT	1111	CHIMIN F	
should be detained the State (MPORTANT:		210001 5	
1	230.	BURIAL, CREMATION, REMOVAL	CITY OR TOWN SCIENTY STATE
	1	remation	Nov. 51986 Cedar Hill Suffland PG my
H - 16 60M 7/84	24 F	UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE
(VRA 15, 4)	11	eylor Funeral	O Chapel fong onlys MI) NOV - 6 1986 Lilia Davidon Randale

023511 11/2550 

025050	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 3 0 4 1 0								
025653 DEC	P- STATE REGISTRAR	DEFARIA	CERTIFICATE OF DEATH	REG. NO.	0 4 1 0				
m.e	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUEST				
noy be poge 3 poge 3	LEO	G.	MICKAIL Sr.	NOVEMBER 28, 19	86 10:15AM M				
r, po	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.				
s o o	Male	Caucasian	12 12 16	69 YRS.					
of he	Pennsylvania	76 CITIZEN OF WHAT COUNTRY?  U.S. A	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUNDEL CO					
with with	10 CITY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR				
201	GLEN BURNIE NORTH ARUNDEL HOSPITAL Remodler . Self Emp.								
BALTIMORE, MARYLAND 2120  Coll. Be recuted within 24 hours  riction on completely filled in by	Pa all	Pa   alleghany Pittsburgh   YES M NO   1010 Woodsrun Avenue 9999							
MARYL ompletely exorgine	Maranio	Michel	15 MOTHER'S MAIDEN NA FIRST Theresa	WE	Mazza				
Africol I	160. WAS DECEASED EVER IN U.S. A		RITY NO. 17. INFORMANT MIL	lersvilTesMd	21108				
	Yes WW	11 206 01	2684 Leo G. Mic	kail Jr 955 Oa					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA  NG PHYSICIAN: The low requires that the death certified offending physician. After this certificate has been signed by the ottending that file this certificate has been signed by the ottending that for the buriol-transit permit. Then please remove carborings the ond Mental Hygiene prior to buriol, cremation.  orked or them 18 show ony injury, or other troumotic event,	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF							
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ALRI In hos It per	III 11/28	Cri	Lital		FYING CAUSES OF DEATH? ES NO				
VOFVIII  SICIAN: T  secrificate certificate critical: transi entol Hyg  frem 18 sh	OR CONTRIBUTION OF A	HOUR A.M. MONTH DA	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TB	PART I OR PART 2)				
UG PHYSON offending ter this of sthe bund Mc hond Mc h	(IF EITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	ARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
AL OR ATTENDING the hospitol or at DIRECTOR. Ad eloched for use of the Dept. of Healt if them 21 is mo	sow the deceased glive of	220. I certify that (I) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19							
O HOSPITA etoined by TO FUNER should be d with the Sio	SANG K. HA	and the same of th	22e ADDRESS	Road #204 Glen	21061 Burnie,Md.				
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99999-16 60M 7/B4	24 FUNERAL DIRECTOR Raymond C Fi	nk Glen Burnie	25a. DAT	E REC'D. BY REGISTRAR 256. REGISTRAR 256.	IRAR'S SIGNATURE				

(VRA 15, 4)

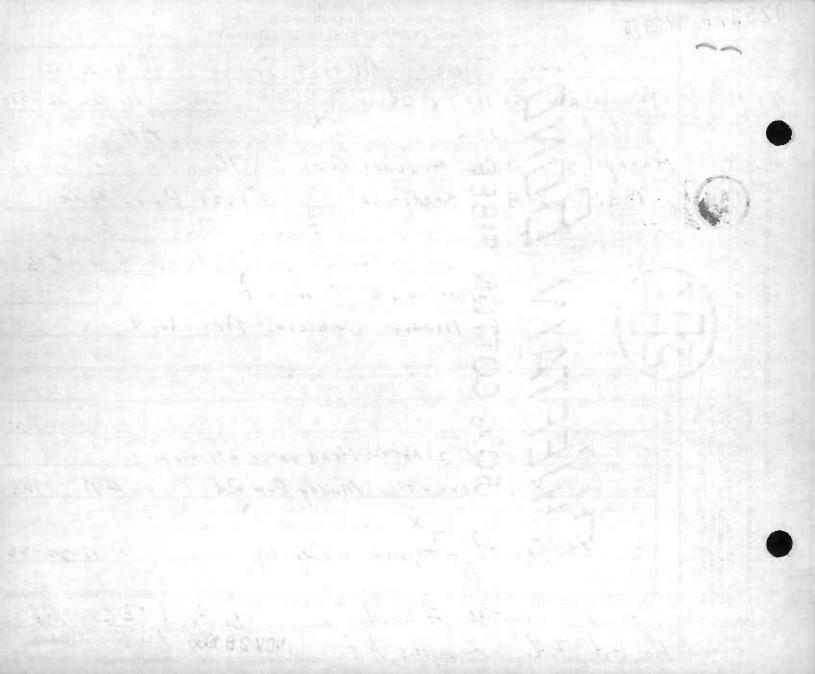
STATE OF MARYLAND



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0 0 0	1 SE	X	4. RACE		5. DATE C			6. AGE (IN YEARS LAST BIRTHDAY	MONIHS DAY	
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SE SE PER LE	13e. Ma.	AL RESIDENCE (IF NURSING HOM STATE 136 CC ryland		Pasaden	/N	]		#8 Homeland	Road 211	22
# 1 1M12	14, F.	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S M		MIDDLE MIDDLE		AST
1 1 14010		John		Jarkiew			ary	Anne		lak
IMORE Foger	160	WAS DECEASED EVER IN U.S. (YES, NO. OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	217-03-		Paul P	A. Mon	eski 271 Hich	sadena, M kory Poin	d 21122 t Road
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東京 日本		30 NGNATURE	. A do	2.4		DEGREE	NDING .	"MEDICAL STAFF	1321 DAT	TE SIGNED
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51 54 3	220	BENJAMIN			LAME OF C			NIE, MD 2106	)T	
BP		BURIAL, CREMATION, REMOV	11/25/	/86 Ho	oly Cr	OSS Ceme	etery	Baltimore		
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F G e	orge J. Gonce	4001 Rit	chie, Hg	wy Bal	to Md		2 4 1986 4	REGISTRAR'S SIGNA	

TONE | DECEMBER OF THE PROPERTY OF THE PROPERT institution and the state of th State of Amodes Lich and of the land of the local letter to the Carrie allegantes as a second have super my constitute with the the state of the same of the s Big data exemplate profession upon the delicate fatered decree J. Honos 4001 Etelila way halto la , NOV 24 988 182 6 Link pont

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	REE	1.563		5 DATE OF BIRTH	6. AGE (IN YE)	RS IF UNDER 1 YR.	IF UNDER 24 HRS.	2r. DATE	MONTH DAY	YEAR 2d. HOUR
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	A STATE OF THE PERSON OF THE P	1	Maryland	asa		WIDOWED -	DIVORCED	1	9A Co.	MD.
	る市品面	29	Y OF TOWN OF DEATH	11. NAME OF HOSPIT	AL, NURSING HOME	OR OTHER INSTITUT		AL OCCUPATION (T	YPE OF WORK 12b KIN	D OF BUSINESS
	SOAWS 5	1/7	NNA POLIS	AMILE	Arunda	1 Ger		eson	Kni	ch laner
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OR	BB 5 4 8 6	19	Imer Euge		17orris	NO. 17 INFORM	anor	Kose	Gra	ham
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PRESTON ST.	MAN SERVICE AND SE		Canditians, if any, which gave rise to immediate	1	notor	Nehre	le A	ccideo	14.	
3	3X5858		couse (o) stoting the under-	DUE TO, OR AS	A CONSEQUENCE					
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	SHOULD BE EXECUTED ORD "FENDING" IN PR CHIEF MEDICAL EXAM EL LISED AS A BURNAL TO FHALTH AND MEDICAL CREMATION C	13	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERM	WALL DISEASE OR COMPLETED	A CHARM AN BART S			
RECORDS,	BAN	z		SALES OF THE SERVICE S	NOT RECEIVED TO THE TERM	WAY DISEASE OF COMPILION	OUTEN IN PART I Q			
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DIVISION OF	RIPICATE S VG THE WO O TO THE C SHOULD BE PRORTO BE PRORTO BE		THE EXTERNAL CAUSE WAS	HOUR A.M. A	JURY MONTH DAY YEAR	21c HOW INJURY	OCCURRED LENTER N	ATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2)	
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	X83954		ACTUAL ////	· H	10.	HITLE (SI	PECIFY		DATE //	1 = = 51
	SHASEW T		SIGNATURE OUTCOM		1 Jim	M.D.	MEDI MEDI	CALEXAMINER	SIGNED	-22-84
	95.30		EXAMINER'S NAME			V				
	ON OFF -		(TYPE OR PRINT)			ADDRESS_				
	TO MEDICAL EXAMINES: T EXECUTE THE CERTIFICATE, PACE 4 SHOULD BE FORW TO FUNERAL DIRECTOR. P AFTER DEATH WITH THE ST BAHAMORE, MARWAND, 2	73a, 81	PRIAL CHEMATION HEMOVAL 23	b DATE	23C. NAME OF CEA	NETERY OF CREMATO	238 LO	CATION 1	COUNTY	STATE
07/84 25M	BP		Burial	11-25-86	It. Lince		[Br	entwood	PG	Md.
23/41	DHMH - 17	74. FL	MERAL DIRECTOR	ADDRES	1.	1 1	NOV 26	REGISTRAR 25b EC	STRAP'S IIGNATU	Produce
	(VR A15 ME (5))	1	lardesty to H	. An	napolis,	nd.	NUV 20	1900 9		, ,
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Void Certificate #86-30414



			FOR			DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE	7 0		:5
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	<b>東京記号</b>	3. SEX		4. RACE	5. DATE OF BIRTH	6 AGE	(IN YEARS   IF UN	JBAYED Ider i yr. Tif undei		MONTH	29 19 86 DAY YEAR	2d HOUR
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	SZ SEA	10000	RTHPLACE (S		7b. CITIZEN OF W		IRS.		9 BALTIMORE	CITY OR COUN	29 1986	IPM
	SE S	FO	REIGN COUNTRY)		USA	THAT COUNTRY:		IED NEVER MARE	RIED U	-		
	2200		TY OR TOWN			SPITAL NURSING		VED TO DIVOR	Il20. USUAL OCCUPATION	rundel (	County 1126. KIND OF BL	MD.
15	THOUSE A				(IF NOT IN SUCH F	ACILITY, GIVE STREET ADE	DRESS)	IEK II43111011014	FOR MOST OF WORKING Sales	LIFF	OR INDUST	RY
1	Se Sale	105014	Annapol	is	Anne Ar	rundel Ger	neral Ho	osp.	Sales		\$elf Emp	Toyed
201	200 S	12s, S	ATE	13h COLIN	JTY	13c CITY OR TO	WN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		0.1.01	
.2120	子名名の形の	-	ryland		Arundel	Annapoli	S	YES NO	<u> </u>	Road	21401	
WD	1 200		THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAID	EN NAME MIDDLE		LAST	
in the	TANKE STATE		Nichola		Ε.	Moubay		Asma			Nader	
MALTIMORE	MANGE I	16a V	AS DECEASE	DEVER IN U.S. AR	MED FORCES?	16b. SOCIAL SE		17 INFORMANT	(IIC PIICW)	DDŖESS		
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	N N N N N N N N N N N N N N N N N N N		II CAUSE O	F DEATH (Enter a	nly ane cause per lin	e far (a), (b), and (a	:).)				APPROXIMAT BETWEEN ONSE	
2	SE S		PARTIDE	EATH WAS CAUSE	D BY: TE CAUSE (a)	Multiple		ies			BETWEEN ONSE	I AND DEATH
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201	NA A A A		lying cau	ise last.	(0)						1 3 3	
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8	EA H	Z				•			NR. 1 9			
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OF VIT	A SHEET AND	CERT	210 EXTERNA	AL CAUSE WAS	21b TIME C	FINJURY MONTH DAY	21c H	OW INJURY OCCURR	ED (ENTER NATURE OF INJURY II	N ITEM 18 PART I OR P		NO L
0	SAT SEE	1 C C C C	UNDERLYING	OR	HOURXIX	MONTH DAY	YEAR Door					
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NO IVI	20 H	ME		NOT WHILE	1	CTORY, FARM, ETC.)		STREET	CITY OR TOWN		OUNTY	STATE
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	BERRES V		death result	ed from //Nutv	ref courses	Acident X	Suicide	, Hamicide	Undetermined manne	r		
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	SE AND S		EXAMINER'S	NAME -	- /			111	D CI D	- 11 - N	01201	
	<b>東京の記録</b>		TYPE OR PRI	NT) C	narles P.	Kokes, M	l.D.	ADDRESS 111	Penn St., B	alto., M	ID 21201	
	522549	23e. Bi	JRIAL, CREMA	TION, REMOVAL	23b. DATE		F CEMETERY C		23d. LOCATION	COL	UNIY ST	TATE
07/84	BP		Burial		Dec. 4, 19	986 Gate	of Heav	en Cemeter	y Silver Spr	ing Mon	tgomery	Md.
25M	DHMH - 17	24. Ft	NERAL DIREC	TOR	ral Homes	11800 N	.H. Ave	250. DATE	REC'D. BY REGISTRAR 2			
	(VR A15 ME (5))	mTΠ	es/kina	arar rune	rar Home.	Silver S	Spring.	Md. UE	U.5 1986	adia New	idam . Pando	122

STATE OF MARYLAND

STATE OF MARYLAND

Karp 143 Kilpatrick Rd. Clewiston, Florida 33440 APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGN ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS 7845 OAKWOOD ROAD, SUITE 203 GLEN BURNIE MARYLAND, 21061 23c NAME OF CEMETERY OR CREMATORY Nov. 19, 1986 Glen Haven Mem. Park Glen Burnie, A.A. 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

1986

INDUSTRY

DAYS

HOURS

12b. KIND OF BUSINESS OR

21076

Own Home

IF UNDER I YEAR

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORT,

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Entombment

24 FUNERAL DIRECTOR Home Glen Burnie, Maryland Singleton Funeral

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4309 NOV	81	FOR . STATE BEGISTRAR		EPARTMENT OF H	ICATE OF DEAT		REC	5. NO.	304	! / EST
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poge 3	3. SE.		II. RACE	5. DATE (			NOVEN		13, 1986	217 AM
ge 4 m ector. I	/	MALE	CAUCASIAN	MONTE	DAY	YEAR 19		7 YF	MONTHS DAYS	HOURS MIN.
22 hou		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	UNTRY? 8 MARRIE WIDOWE	D NEVER MARK	RIED X	9. BALTIMORE CIT ANNE		DEL COUN	IY MD.
3 194		GLEN BURNIE		NURSING HOME C LIVE STREET ADDRESS INDEL HOST		ION	120 USUAL OCCU (1YPE OF WORK FOR MI WELDER	OST OF WORKIN	NG LIFET INDUSTRY	building
and a	Ma	AL RESIDENCE IF NURSING HOME COL STATE 136 COL 1771and		ORIOWN Burnie	134 INSIDE CITY L	X	327 The	SS / ZIP C	Avenue	21061
<b>a</b> 2	9	THER'S NAME  GEORGE	K. NI	ZER	15. MOTHER'S MA		MIDD		NOR	
17/		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES		17 INFORMANT					
1			213		Richar	d D	Nizer	327	Thelma	
pop naval ent, t		18 CAUSE OF DEATH (Enter of PART ), DEATH WAS CAUS	only one couse per line for to SED BY:	+ 10	, 11	, ,				ONSET AND DEATH
ten signed by the ottendi 1. Then pleose remove con or to buriol, cremotion, or y injury, or ather troumoti	TION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  Cagazza	Brain Sync	insteaded	NOT RELATED TO					
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buriol-transit Mental Hygie or Item 18 The		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE	EAIN	NTH DAY YEAR	21c. HOW INJURY	Y OCCURR	ED (ENTER NATURE OF			
h ond Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTOR	1	21f LOCATION STREET		CITY	ORTOWN	COUNTY	STATE
VSe o USe o Heolt is mo		22a.1 certify that (I) (this has			, 19		to New !	3	19.36	thor (tr (we) lost
d for d for m 21			on view the body ofter deat	11.	nd that in (my) (our)	) opinion d	leoth occurred on th	ne dote and		
RAL DIR detoche tote Dep		Peterth Rie	motern M	2)	PHYS	NDING SICIAN	MEDICAL DIRECTOR   PH	STAFF YSICIAN [		SIGNED 13, 1986
should be deto with the Stote IMPORTANT: If		PETER H. RI	ORPRINT) HEINSTEIN. M.	D.	22e ADDRESS SEVE	62: ERNA 1	1 HOLLY R		ROAD 21146	
± 5 3 ≥ <b>7</b>	230 E	BURIAL, CREMATION, REMOVA	23b. DATE 11/14/86		on Cemet	MATORY	Baltein		City	Md.
AH - 16 60M 7/84 (VRA 15, 4)		uneral director cymond C. Fir	nk Glen Bur	mie, Md	21061	25a DATE	REC'D. BY REGIST		GISTRAR'S SIGNA	

71.1



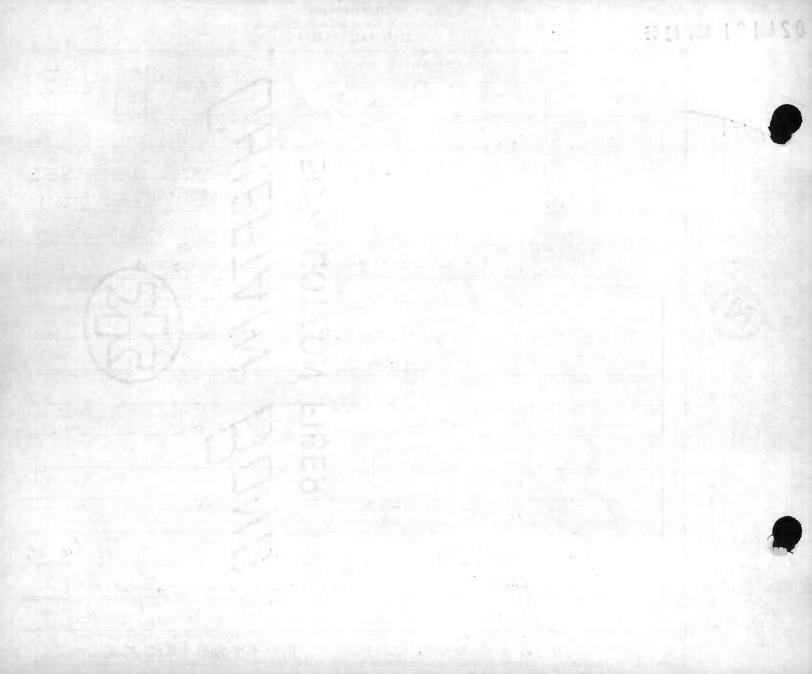
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

å	5	3	0	HOL.	Condition of
	REG. NO.				

	.0	REGISTRAR		CERTIFICATE OF D			REG. NO.					
1	1. DECEASED NAME FIRST (TYPE OR PRINT) TED		WALTER		NOWAK		20. DATE OF DEATH		DAY YEAR	2b. HOU	R	
		1112		MATI TELL				November				0ам
	3. SE>	X MALE	4 RACE WHIT	F	5. DATE C	DAY YEAF	R	6. AGE (IN YEARS LAST BIRT	HD AY)	MONTHS DAYS		24 HRS MIN.
-					Marc	h 25, 1924		62	YRS.			
2		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED		9 BALTIMORE CITY O				
		New York	U.S.	KALK I	WIDOWE			Anne Arun				MD.
1	10 C1	ITY OR TOWN OF DEATH		HOSPITAL, NURSING FACILITY, GIVE STREET		DR OTHER INSTITUTION	N	120. USUAL OCCUPATION 126. KIND OF BUSINESS OF				
		enton		apel Gate		(21113)		Military Marine Corp.				
-	13a. S	AL RESIDENCE (IF NURSING HOME OF		13c. CITY OR TOW	V	13d INSIDE CITY LIMI	ITS?	13e.STREET ADDRESS /				
)		Maryland   A.A.		Odenton		YES NO	_	618 Chape	1 Gat	te Dr.	(2111	3)
N	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDE	NAN				AST .	
1		Walter		Nowak		Ev	a			iecho	wska	
		VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRE				
		YES, NO OR UNKNOWN) (IF YES, GI	3- 171	185-16-	7376	Saundra	Now	ak, (same a	s 13e	-		
- 1		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH										
Ġ.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thetastate Caro Caro ona.										
	DUE TO, OR AS A CONSEQUENCE OF											
		Canditions, if any, which	(6)_	Chro	ne	- bler	~	disso	ce	-		
		gove rise to immediate cause (a), stating the	DUE TO, O	R AS ACONSEQUE	NCE OF		)			11.3		
	underlying cause last. (c) CAMUS											100
8	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
_	CERTIFICATION	190 DATE OF OPERATION	TINE COND	TION FOR WHICH	OBERATIO	N WAS PERFORMED		200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED				
2	FICA	Mo DATE OF OPERATION	196 CONDI	2000 R	OPERATIO	N WAS PERFORMED			IN CERT	IFYING CAUSE	ES OF DEAT	TH?
5	ERTI	210. ACCIDENT WAS UNDERLYING	21b. TIME O			131 HOW IN HIPY OF	YES NO YES NO ON					
3		OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	Y YEAR	216110 W 11430K1 O	CCORR	ED (ENTER NATURE OF INJUR	A IM IIEW 18	PART TORPART 2		
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P. PLACE		19	21f LOCATION			_			
	MEC			REET, FACTORY, OFFICE, FA	ARM, ETC )	STREET		CITY OR TO	VN	COUNTY	5	TATE
		AT WORK AT WORK			180	2-	_	1981				
8		220.1 certify that (1) (this hosp saw the deceased alive or	in!	e deceased fram	79 8	nd that in (my) (aur) ar	ninion d	eath accurred on the do	te and ha		, that (1) (v	
Н		above, (1) (we) (did) (did no 27b. SIGNATURE		ofter death.		DEGREE			ic ond na		E SIGNED	neo
		III. SIGNATURE	.011	Nous			ING _	MEDICAL STAF	F _	17	KAZI	Sr.
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	15		PHYSICI 22e. ADDRESS	IAN K	DIRECTOR   PHYSIC	IAN [	1	7 40	7
		0.2	HAY-	9		Kember	cea	ch aum	7/4	spet	al	
		BURIAL, CREMATION, REMOVAL				EMETERY OR CREMAT		C118 (NG 2004A) (C1		YTHUG'L	. «	TATE
		Brial	11/19		lingt	on Nationa		The second secon		Virgin	ia	
		UNERAL DIRECTOR GEORGE			07.00		o. DATE	REC'D. BY REGISTRAR	1 .			
	4	001 Ritchie Hy	wy.'Bare	люге,то.	2122	25	NUV	1 7 1986	Julia	Devideor	Randa	u

DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)

24 FUNERAL DIRECTOR

Burial

Singleton Funeral Home, Glen Burnie, Md.

Dec,

3,1986 Glen Haven Mem'l Park

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DFC 2

CITY OR TOWN

Glen Burnie

COUNTY

22c. DATE SIGNED

1986

INDUSTRY

IF LINDER TYEAR

728

12b. KIND OF BUSINESS OR

B & O R/R

Gleichman

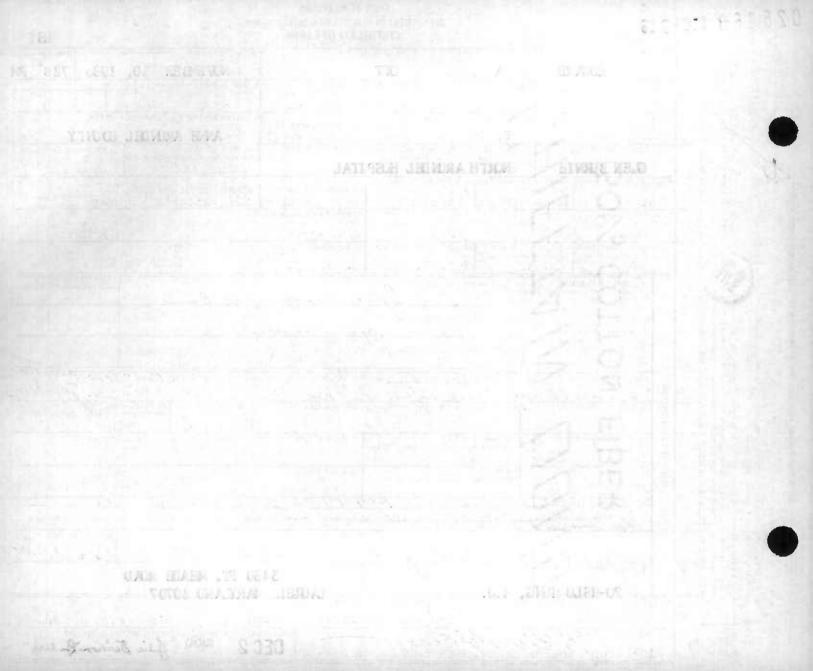
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STATE

Md.



24 FUNERAL DIRECTOR Annapolis, Md. 21401

WILLIAM REESE & SONS MORTUARY. P.A.

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE.

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100.2 (81, 915)				WALLEY.
Feyn and		111 2 111		
Samuel A.A. Time		1 that 1 33 that		
		h AS		I HATLIAN II

Void Certificate #86-30421



	STATE	0F	MARY	LAND
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UL	-	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.		
	1. DEC	EASED NAME FIRS	T	M	IDDLE	· ·	AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
;	{ TYPE	OR PRINT) FE	FIF		1		PANE	Nair	97 21	0-20 4
6	2 CEV		11.01.0	-	6	I DITE	IUDE	1000	IF UNDER TYEA	R IF UNDER 24 HRS
	3. SEX		4. RAC			5. DATE C		6. AGE   IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
	-	Female		White	е	July	19, 1898	88 <sub>Y</sub>	RS.	
2		RTHPLACE   STATE OR FOREIGH	N 7b CIT	IZEN OF V	VHAT COUNT	RY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR COL	INTY OF DEATH	1
7		Maryland		US	A	WIDOWE		HIJNIF F	PHAIR	EL MD.
1	1 CI	TY OR TOWN OF DEATH				RSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
1	A	nnapolis			A minde		iospital	Seamstress	ING LIFE) INDUSTR'	Y
9	USUA	AL RESIDENCE (IF NURSING HO					IOODI OUI	beamboress.		
6		1	COUNTY		13c. CITY OR T			13e.STREET ADDRESS / ZIP (		
1	-	ryland Ann	e Arun	ndeT	Edgewa	ater	YES X NO	191 Lees La	ne 210	)37
21	III. FA	FIRST	MIDDLE		LAST		15. MOTHER'S MAIDEN NAM	AL MIDDLE		AST
u	/	Charles	F.		Layton	a. Sr.	Margar	et	McSherry	7
1		AS DECEASED EVER IN U.			16b SOCIALS		17 INFORMANT	ADDRESS		
$\cap$	IA	res, no or unknown) (if y	ES, GIVE WAR OF	R DATES)	212-20	0-9651.	Frances Ba	zzell, Iter	m 13	
	7	18 CAUSE OF DEATH (En	ter anly ane o	couse per l	line for (a), (b)	, and (c)	1/ //	1	APPRC BETWEE	DXIMATE INTERVAL
1		PART I. DEATH WAS C.	AUSED BY: EDIATE CAU:	SE (a)	Kest	Durafo	2 Jeuleus	1	m	unul
	17				AS A CONSE	aus Ar ault				
	No.	Conditions, if any, which		JE 10, OK	neri	char	¿ Cerre	NOMO	22	nd
		gave rise to immedia	te )	(0)		1				1./.
		cause (a), stating the underlying cause las	100	JE TO, OR	29 A CONSE	OUPNCEOF	ancreas	Lo	mi	MTH
		PART 2. OTHER SIGNIFICA	ANT CONDIT	IONS CO	NTRIBUTING	O DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION	A GIVEN IN PART	lia
	Z O									
1	FICATION	190 DATE OF OPERATION	19	CONDIT	ION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FIND	DINGS USED
	FIE							YES   NO   IN C	ERTIFYING CAUSE	ES OF DEATH?
	CERTI	21g. ACCIDENT WAS UNDERLYIN	4G 7 211	b. TIME OF	INJURY		Tale HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE		
1		OR CONTRIBUTING CAUSE	OF DENTIN			DAY YEAR	ELED STATE			
	JICAL	(IF EITHER, NOTIFY MEDICAL EXA		P.A		19	ZII LOCATION			
	MEDI	WHILE NOT WHILE T			ET, FACTORY, OFF	ICE, FARM, ETC )	STREET	CITY OR TOWN	COUNTY	STATE
н		Al WORK Al WORK	h=====1\ =44	and and the	40	M	A20 10 /	2 11/27	10 8 to	
		220.1 certify that () (this saw the deceased ali	/	1.2.4	e deceased fro	1	ed that (my) (our) popoion d	leath accurred an the date and	d hour and from th	, that (I) (we) last
		abave (1) (we) (did) (d 22b. SIGNATURE	(d nat) view	the body o	after de M		DEGREE	acom occorred on the gate and		
		220. SIGNATURE	1/	1/0	.VM	1/ 1	1 1	MEDICAL STAFF		IE SIGNED
-		224 BHYS ICIDALISM	V	1/6	WIN	v p	PHYSICIAN	DIRECTOR PHYSICIAN		26/16
1		224 PHYSICIAN SHAME		11	inth	nech	2518 AL	world - An	NAPOIIS	Red.
		WILLIAM		We				00/10	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21401
	23a. B	URIAL, CREMATION, REMO		DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
		Burial Burial	No	v.29	,1986	Jennin	gs Chapel	Woodbine,	Howard,	Md.
							100			

DHMH - 16 60M 7/84 (VRA 15, 4)

Olin L. Molesworth, P.A., Damascus, Md.

DEC 1

Julia Divideon Randale

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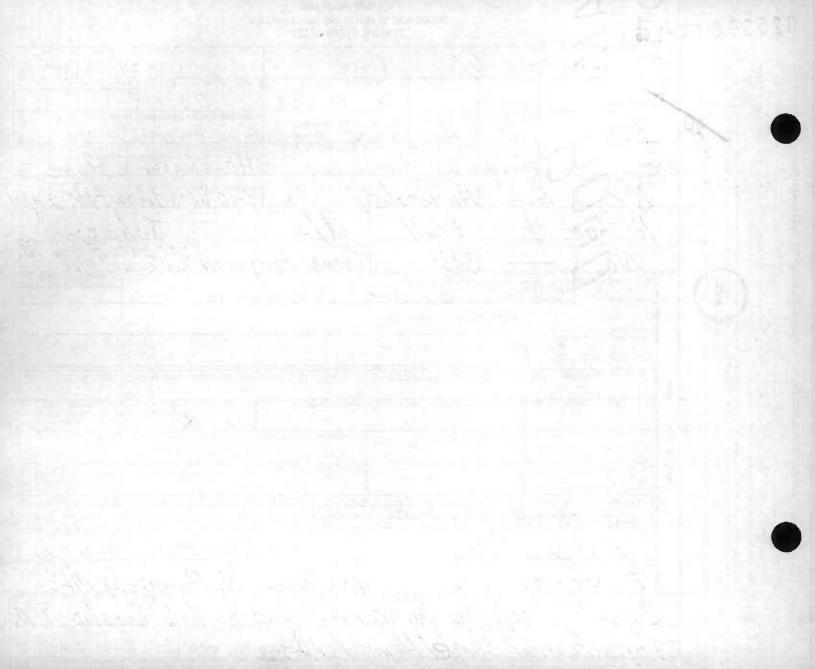
Charles V. lavions, Sr. harvaner | Dellary 218-20-951 Frances Samuell, Thom 13

Olim d. Nolamorth, B.a., Lamasans, M. a. Chill I was and city and

Burgal Nov.29,1986 Sanding Chapel Woodwing, Morand, Md.

## STATE OF MARYLAND

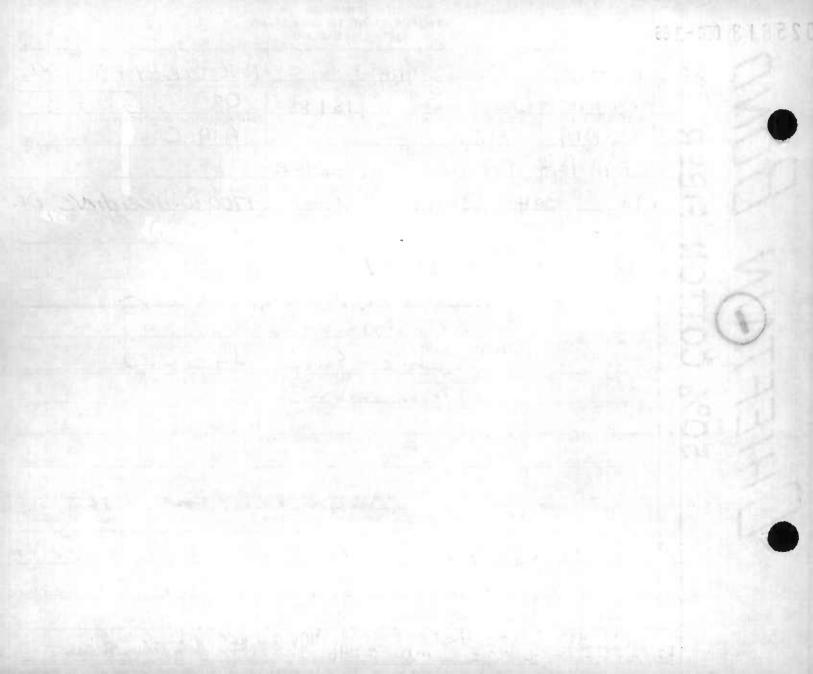
023	5998 DEC	14	FOR STATE REDISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE & O	30 4 2 3
	by be	(TYPE	Charle	VIZE	Price	20. DATE OF DEATH MO	-27.86 1115 AM
	age 4 mc freeto p	1	emak	White	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
•	funeral of		PA.	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED NG HOME ON OTHER INSTITUTION	9 BALTIMORE CITY OR CO Anne Arun	del County, MD.
1201	ours ofte	An	napolis	(IF NOT IN SUCH FACILITY, GIVE STREE	eneral Hosp.	TYPE OF WORK FOR MOST OF WO	
YLAND 2	thin 24 h	13a S	MIL	A, PANNA)	VN I SE INSIDE CITY LIMITS? VES NO NO NO.	840 WOOL	Imont DV. 21401
RE, MAR	d campitet		HATTHEN LAND LAND AND DECEMBER IN U.S. AND		JRITY NO. 17 HISTORMANT	ADDRES	Johnson W
SALTIMO	ote be ex per Pag bit the med		IB CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b), or	Thomas Fe.	MUSON ZIN	Thicking D
ON ST., B	h certifica ang only birbonpo or omer		PART I. DEATH WAS CAUSEI IMMEDIAT	D BY:  E CAUSE (0)  DUE TO, OR AS A CONSEQU		Dom 17	
V. PREST	the death the attendence remarkan to her trauman	ť	Conditions, if ony, which gove rise to immediate cause (a), stating the	(b)			
DS, 201 V	signed by the please to burial, cre	N	underlying couse lost.  PART 2 OTHER SIGNIFICANT C	(c) CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITI	ON GIVEN IN PART I to
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	he law rec an. has been t permit. T iene prior t	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES \( \bigcap \)
V OF VIT	SICIAN: The Ic ng physician. certificate has rrial-transit per entol Hygiene. Item 18 sham		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR  19	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
DIVISIO	ING PHYSICI r aftending i After this cert os the burial lith and Mento iarked or flem	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
	ATTEND aspital a ECTOR: v ed for use of Hea		22a.1 certify that (1) (this hospit sow the deceased alive on above, (1) we raid (did not 22b. SIGNATURE	tol) attended the deceased from.  NOVED 6  19  1) view the body after death.	nond that in (my) (our) apinion		
	40SPITAL OR ned by the hor by the hor by the hold be detached uld be detached the State Dept of the st		22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	122. DATE SIGNED 11 7- Ro
	TO HOSPITA retoined by 1 TO FUNERAL should be de with the State IMPORTANT:	23a P	A. CAPUT	10, m. D.	132 Holo	1236 LOCATION	Apolis MD,
	BP		DULLA NERAL DIRECTOR	12/1/8Ce Ou	Mother of Sorvoi	CITY OR TOYAL	TOWNS ID STEP A. REGISTRAR'S SIGNATURE
D	OHMH - 16 60M 7/84 (VRA 15, 4)	-	AVIN FUNE	val (hand)	// / M	10 7 4000 A	Line die Laberte



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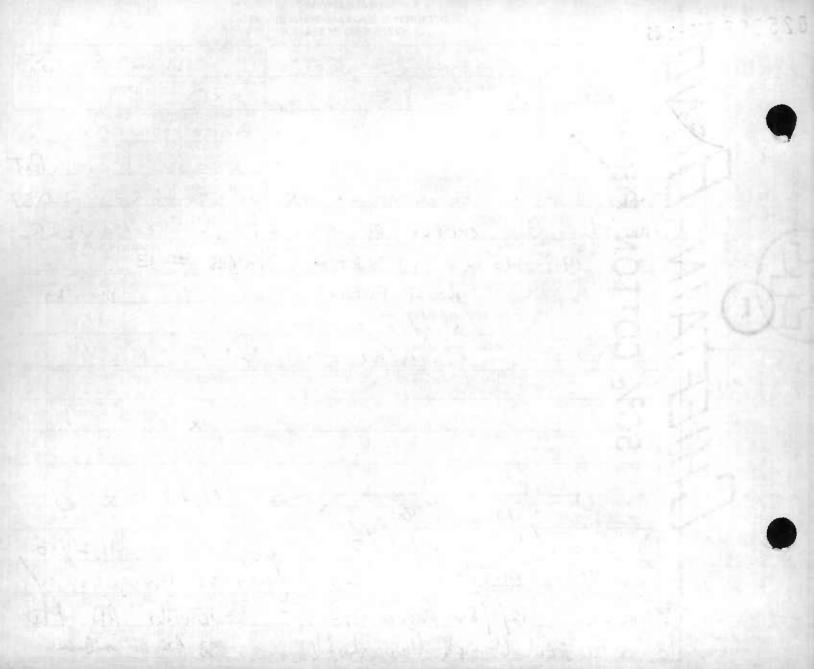
(VRA 15, 4)

	1		STATE	OF MARYLAND	•	
25613 DEC-	19	FOR STATE REGISTRAR		CATE OF DEATH	ENE 8 6 REG. NO.	0 - 6 2
	108	EASED NAME FIRST	MIDDLE LA	ST	20. DATE OF DEATH MONTH	DAY YEAR 126 HOUR
1 75	1	TOL PRINTS O HE	P Sha	1	Mailember 2	4,1986 11:15PM
1 28 N	1.50	10ettic	RACE S. DATE OF		6 AGE (IN YEARS EAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
1 11	100	Landia	MONTH	DAY YEAR	00	MONTHS DAYS HOURS MIN.
A 15	-	Female	CAUCASION 3	18 88	YRS YRS	
4 30 02	/a E	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COUN	
1 11 62	2	VIRGINIA	UI) WIDOWEL			inty MD.
1 11 12	10.0	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OF	ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
6 11 VC	15	everna Maen	MeridiAN NSa	Center		
2 53 45	HSI lile	STATE A USE COUNTY	PER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13 CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	DE 21239
3 2 11 12	1	ma Ba	175. BAITO.	YES NO	1700 W. ME	PRIMINE DR.
	14 F	ATHER'S NAME FIRST MID	DIF LAST	15 MOTHER'S MAIDEN NAM	MIDDLE	AP+ 301
1 11500	1	James E		Sarah	E.	Robinson
Age of col		WAS DECEASED EVER IN U.S. ARME		17 INFORMANT	AUDRESS	
ON TO THE		YES NO OR UNKNOWN) (IF YES, GIVE W	217-11-275	Gary Shaw	106 Railroad	Ave, Pasadena, M
1 1 11 1	1	-	ine cause per line far iai, (b), and ic)		100 1101111000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED I	Y:	10/	. 1	BETWEEN ONSET AND DEATH
5 / 8315		IMMEDIATE		mi locali	) avers	
0 100		Co. Fig. 17	DUE TO, OR AS A CONSEQUENCE OF	1		
	1	Conditions, if any, which gave rise to immediate	10)		10	
W 2 45 5	1	cause tal, stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	( )		
10 d photo	1	DADI O OTHER CICALIFICALITY CO	(c) Organic	Les	nullar	
80 1 110 1	12	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT I		NAL DISEASE OR CONDITION G	SIVEN IN PART ITa
0 100	FICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	LWAS DEPENDANED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
# 10 mm	2 8	THE DATE OF OFERATION	THE CONDITION WHICH OF EXAMELS	WAS FERI ORMED	IN CER	TIFYING CAUSES OF DEATH?
1 18 11 1 4 <del>1</del>	CERT	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	11. HOW IN HURY OCCUPRI		YES NO
2 44 885 90	10	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	ZIC HOW INJURY OCCURRE	ED {ENTER NATURE OF INJURY IN ITEM I	8 PART : OR PART 2)
ON HOUSE	Ž	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19			
OS ES SAND	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
N		AT WORK NOT WHILE				
No week		220 I certify that (I) (this hospital		2019 86	, 10	., 19, that (I) (we) last
Tropics 12		saw the deceased alive on above, (1) (we) (did) (did nat) v	ew the body after death.	that in (my) (aur) apinion di	eath accurred an the date and h	aur and from the couses stated
State of the state		226. SIGNATURE		EGREE	MEDICAL CTARS	22c. DATE SIGNED
44 4886		1 Uns	1 Vien Va 1	My PHYSICIAN 13	MEDICAL STAFF DIRECTOR   PHYSICIAN	111 2486
HOSPITAL med by the PUNERAL PUNERAL The Stote ORTANT	1	224 PHYSICIAN'S NAME (TYPE OR PI	INT)	22e ADDRESS		
O HOSPIT tained by O Funes hoold be-		1 US la fa	(, Oz MD	605 B	at Blud	SP MAZILLI
51 5413-	23a.	BURIAL, CREMATION, REMOVAL	236 DATE 23c. NAME OF CE	METERY OR CREMATORY	23d LOCATION	
BP		(SPECIFY) Burial		n Cemetery	Woodlawn, Ba	1to, MD
DUMP 14 40M 7 104	24 F	UNERAL DIRECTOR 495 A	TCHIE HUY. SEVE	PINT PHAY PATE	PECID BY REGISTRAR 256. REGI	STRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	IR	DERANCO EINERA	HOME MO 2	-1146	O 1900 July Jan	dom Produces
	1	TO TO TO IT	7 10.12		()	



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	1		STATE OF MARYLAND	,
25996 DEC.	4	FOR STATE DEGISTRAR	CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  REG. NO.	0 4 2 /
3 75		CEASED NAME HET	Thomas Sources 20 DATE OF DEATH MONTH DAY	7 86 CO AM
ather de	1 SE	Male	4 RACE S. DATE OF BIRTH BAY YEAR 6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER YEAR IF UNDER 24 HRS
168		THPLACE ISLATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED OF BALTIMORE CITY OR COUNTY OF WIDOWED OF DIVORCED OF ACCOUNTY OF COUNTY	, ,
1190	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
1 11 15	USU	AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  17Y   13c CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e.STREET ADDRESS / ZIP CODE	- 21030
1057	ILT.	THER'S NAME	DOLE COLLEGE OF THEST NAME  MIDDLE COLLEGE OF THEST MIDDLE	ROWDER
Poper J.	16a \	VAS DECEASED EVER IN U.S. AR VES. NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES!	me as
CNI	-	PART I. DEATH WAS CAUSE	ly ane cause per line fawa), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
C Line of the last		Conditions, if any, which	Due to, or as agonsequence of Cancer	(-)
but the o		gave rise to immediate course its stating the underlying course lost.	DUE TO, OR AS A CONSEQUENCE OF THE HEAT Failure	. 11
Then ple	NOI	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART Ito
1,1112	CERTIFICATION	19s DATE OF OPERATION		VERE FINDINGS USED NG CAUSES OF DEATH?
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amending the this a in the but when the but	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM ETC.)  21I. LOCATION STREET CITY OR TOWN	COUNTY STATE
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At DRESS		my Fuer	for Gragon Matter Attending MEDICAL STAFF PHYSICIAN DERECTOR PHYSICIAN [	11/29/86
O HOSPITA Interest by TO FUNERA Hoseld be de Annual be de MPORTANT		OF CHE GOLD	1 m Takell 205 Ridgely Are Amo	po /13, m/
BP	T	SURIAL CREMATION REMOVAL	12/1/86 CROWNSULLE VET CREMENTON SILVER	"AA MD.
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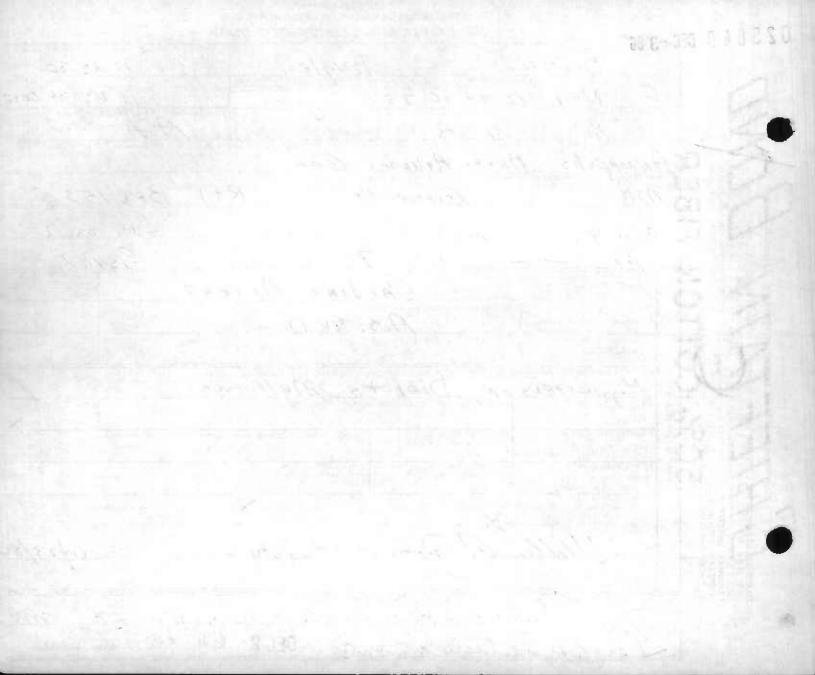
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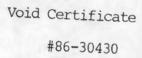
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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750	14	BEST STRAK		-		REG. NO.		
7		CEASED NAME FIRST	WIDDE	~	AST CO	2a. DATE OF DEATH MONTH	'-/	26. HOUR P
	2 000	HAROL	LU W.	1 0 1	HBLER	4 ACE CALVE ARE LAST BIOTION	- 28_86	6:50 M
	1. SEX	male	4. RACE	S. DATE MONT	10	6. AGE (IN YEARS LAST BIRTHDAY)		HOURS MIN
x	Ja Hill	RTHPLACE (STATE DE FORE ON	76 CITIZEN OF WHA	AT COUNTRY? 8	- 18 - 1917	9 BALTIMORE CITY OR COUN		
33		gioren	1191	MARRI	NEVER MARRIED	0000	1 - 6	
X	10.CE	TY OR TOPPN OF DEATH		PITAL, NURSING HOME		120 USUAL OCCUPATION		BUSINESS OR
0	0	anagalis	A DO O O	LIS CONVOL	scent Center	CITYPE OF WORK FOR MOST OF WORKING	10	tactory
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0	r	no la	A. P	nnapolis	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIR CO	NE DEI	KO I
52	14 FA	THER'S NAME	WIDDIE	LAST	15. MOTHER'S MAIDEN NA	ME	0.41	
46	)	Oscar	10	bler	Edith		wantiel	19
100		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b.	SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS S	ame as	Violen
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			DUE TO, OR AS	A CONSEQUENCE OF	hilocola	ord inhas	f ) (1	muedic
		Canditians, if any, which gave rise to immediate	(b)	was it	vyo (aid	yar wywa	- /	
		cause (a), stating the underlying cause last.	DUE TO, OR AS	A CONSEQUENCE OF	monary &	sub plister	/	
	100	TO OTHER SIGNIFICANT	CONDITIONS CONTE	RIBUTING TO DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 110	
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						YES NO	YES	NO 🗆
	CERT	OR CONTRIBUTING ACUSE OF DE	21b. TIME OF IN. HOUR A.M.	JURY MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	8 PART   OR PART 2)	
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19				
	MED	21d. INJURY OCCURRED	21e PLACE OF IN	ACTORY OFFICE, FARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
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		22b/SIGNATURE	n) view the bady after	death.	DEGREE		22c DATE S	
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1		226. PHYSICIAN'S NAME LIVE	OR PRINT)	m true	22e ADDRESS	A DIRECTOR THIS CLARK		0200
		PETER F VA	2Kouw		1833 Mest E	mir Annabulis	bad 216	103
	23a B	URIAL, CREMATION, REMOVAL		23c. NAME OF	EMETERY OR CREMATORY	23d. LOCATION	<i>Y</i>	
	10	Burial	Dec 219	786 All Ha	Nows Chape	Davidsonvil	AF 31	mo
4	24 FU	INERAL DIRECTOR	2	CODRESS.	25a DAT	TE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATUR	RE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DEC DE DAME NAME 20. DATE KNOWN K MONTH 26. HOUR CTYPE OR PRINTS OF ESTI-Patrice DEATH MATED 23 19 SC 6. AGE (IN YEARS 2d. HOUR IF UNDER 24 HRS 2c. DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 24 7 5 YRS DEAD 0040 76. CITIZEN OF WHAT COUNTRY? TA BIRTHPLACE LITARY OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGH COUNTRY WIDOWED DIVORCED [ H. CITY OF TOWN OF DEATH IN NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 13d INSIDE CITY LIMITS? orasopuille 15. MOTHER'S MAIDEN NAME MIDDLE CEASED EVER IN U.S. ARMED FORCEST 16b. SOCIAL SECURITY NO 17. INFORMANT EL NO. OR UNKNOWN) I OF YES, ONE WAR OR DATES CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (s APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN STATE WHILE COUNTY AT WORK AT WORK EXECUT: THE SET OFFINE PAGE & SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH WITH THE ST PALTIMORE MARYJAND; 3 220 I certify that I took charge of the remains described above, held on Autopsy Inspection D Inquiry ond in my opinion Notural couses deoth resulted from: Accident Suicide Homicide L\_ Undetermined monner TITLE (SPECIFY) SIGNATURE 11 TY MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) ADDRESS DE BURIAL CREMATION PEMOVAL 336 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 07/B4 25M 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** DFC 2 Julia Divideon Po (VR A15 ME (5))









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STATE OF MARYLAND RIMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR REG. NO POECEASED NAME a DATE KNOWN TYPE OR PRINTS OF ESTI-J. 3 SEX DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d. HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 00 DEAD 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U. S. A. Indiana WIDOWED X DIVORCED 10. CITY OR TOWN OF DEATH 170 USUAL OCCUPATION (TYPE OF WORK 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Manager Banking 13e. STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE AAIDD1 F Charles Harrison Mary Alice Evans 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) 377-24-7827 SueReschke 1206 StaleyAve., Frederick, Md 18 CAUSE OF DEATH (Enter only one cause per line fay(o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND ME lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DED TO THE CHIEF E 3 SHOULD BE USED E DEPARTMENT OF H YES [] 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDET TO FUNERAL DIRECTOR: PAGE 3: ATEROGEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinian Inquiry death resulted fram-Notural causes Homicide L Undetermined monner TITLE (SPECIFY) 11-27-86 Deputy MEDICAL EXAMINER EXAMINER'S NAME William P. Jones, M.D. ADDRESS 695 America Crt., Davidsonville, Md. 21035 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 12-2-86 White Chapel Memorial Troy, Oakland, Michigan 07/84 Burial 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 125b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Dividson Pandage

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Messel Second Ave. S. W.

Singleton Funeral Home Glen Burnie, Maryland

256 DATE REC'D, BY REGISTRARIES REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTO

DHMH - 16 60M 7/84

(VRA 15, 4)

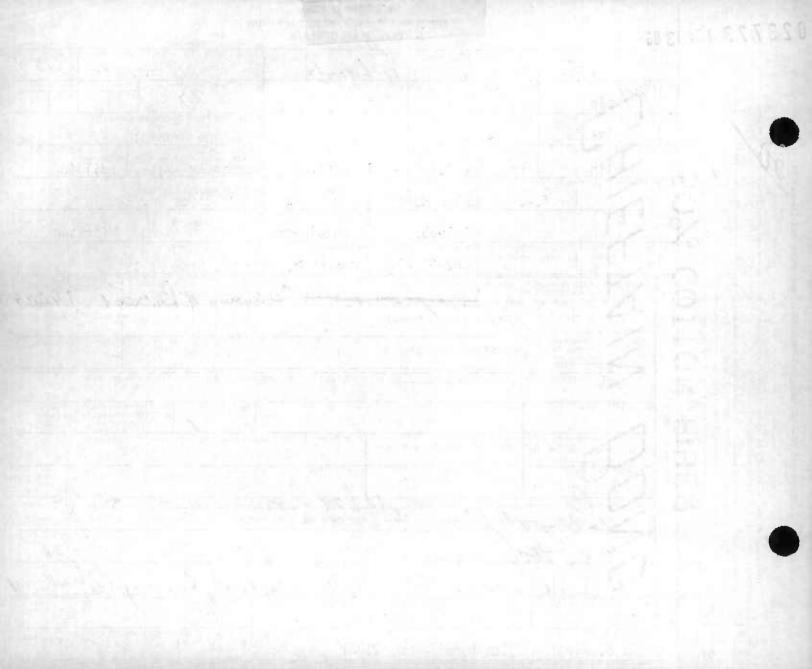
GLIEV BURNIE NORTH ARBINDEL HOSPITAL

AWAE ARDNOOM, COUNTY

WOVENER 30, 1986 3.02 AVE

GACKINGAL V. CYRIAC, N.D. GLEV BORNIE, WAYNARD, 2001

(VRA 15, 4)

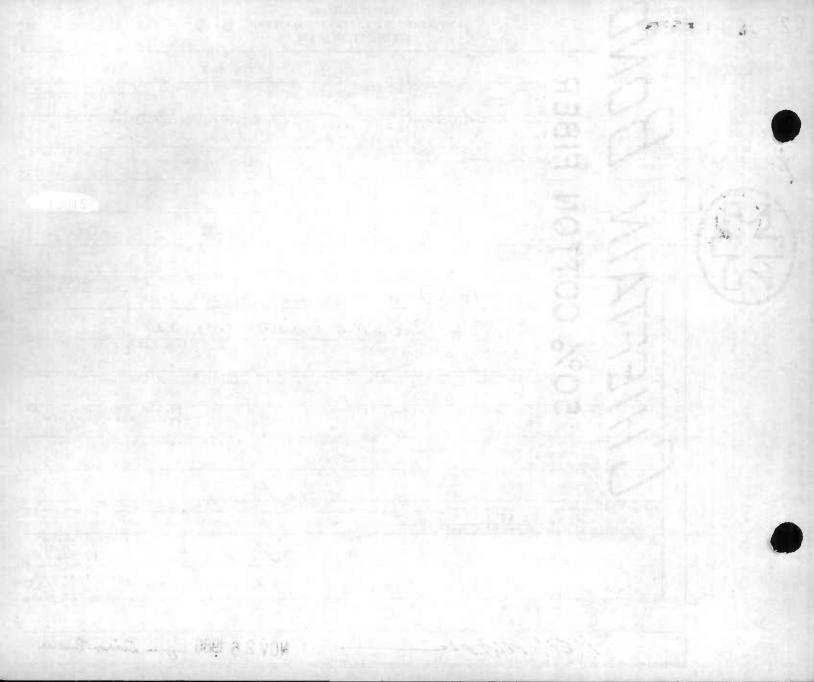


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Ter of	3 SE	(	4. RACE		5. DATE C		6 AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
4 of m		Male	Wh	ite	Sept	28, 1939	47		RS.	
2 50 50	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUN	ITRY? 8	NEVER MARRIED			INTY OF DEATH	
		Maryland		.S.	WIDOWE	D DIVORCED	ANN	IE ARUNI	DEL COUNT	Y MD.
11/21/	10. C	TY OR TOWN OF DEATH	(IF NOT IN SUC	HEACHITY GIVE	STREET ADDRESS)	ROTHER INSTITUTION	12a. USUAL OC	CUPATION OR MOST OF WORKE		F BUSINESS OR
13 51		GLEN BURNIE			DEL HOSP	ITAL	Produc			ity Co.
E # 4	130 5	AL RESIDENCE (IF NURSING HOME OF	NTY	13c CITY OR	BEFORE ADMISSION)	136 INSIDE CITY LIMITS?	13e.STREET AD	DRESS / ZIP C	ODE	
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A CO				llips		أأأأأ	an R.	Bush		
de g /		VAS DECEASED EVER IN U.S. A (ES, NO GRUNKNOWN) (IF YES, G	RMED FORCES?		SECURITY NO.	17. INFORMANT		ADDRESS		
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1 5 25		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly ane cause per	line far (a), (	b), and Ic+1	. 1		4	APPROX BETWEEN	ONSET AND DEATH
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1417	띪						YES 🗆 N	IN CE	PRTIFYING CAUSES	OF DEATH?
8 ¥ 9 0	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCUR				
ol-tro		OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH	DAY YEAR					
buriol-t Mentol or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e. PLACE		19	211 LOCATION				
the ond ked	N.	WHILE NOT WHILE AT WORK	( AT HOME, STI	REET, FACTORY, O	FFICE, FARM, ETC )	STREET		ITY OR TOWN	COUNTY	STATE
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TOR of He		saw the deceased alive a	n			d that in (my) (aur) apinian	death accurred	an the date and		
REC ppt. o		above, (1) (we) (did) (did n	at) view the bady	after death.		DEGREE			22c. DATE	SIGNED
to De		16	-64	lue	Mn	ATTENDING	MEDICAL DIRECTOR	STAFF	11	18188
Sto Sto		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)						NNAPOLIS	DOLLI ENVD
should be defi with the State		BASANT K.KH	IANDELWA	L M.D.		The state of the s	NIE MANI			DOULEVAR
543 ₹	23a E	URIAL, CREMATION, REMOVAL SPECIFY) Burial	L 23b. DATE			EMETERY OR CREMATORY	23d LOCATI	NC		
	1	SPECIFY) Burial	11/12	2/'86	Glen Ha	aven Mem. Pk.	Glen	urnie,	A.A.Co.,	Maryland
MH - 16 60M 7/B4		INERAL DIRECTOR		-	THE STATE OF		TE REC'D. BY REC	ISTRAR 25b. RE	GISTRAR'S SIGNAT	
(VRA 15, 4)	G	eorge J. Gonce	,4001 Ri	itchie®	Hgwy., B	ltimore, NO	V 1 019	86 1	a Kinden	0

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OF STREET PRINCIPLE ASSESSMENT OF THE PRINCIPLE THE LEADING VILLE TO SERVE STATE OF MARYLAND

025369 10		STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAI ICATE OF DEATH		NE 8 6	3	0 4	3 6
		CEASED NAME	FIRST		MIDDLE		AST		a. DATE OF DEATH		YEAR	2b. HOUR
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unerol din 72 hou		RTHPLACE (STATE OR COUNTRY) Maryland	63.3	U	WHAT COUNTRY?	WIDOWE		0 0	Anne Arun	del Co.	DEATH	MD.
by the fr	L	TY OR TOWN OF DE	1-2-1	906	Wanda Roa	address)	OR OTHER INSTITUTION	DN I	20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF RETIRED	ON FWORKING LIFE)	INDUSTRY	Telephon
AND 213	13a. S	al residence if NUR STATE aryland	13b. COUNT	Y	GIVE RESIDENCE BEFOR 13t. CITY OR TOV Linthicu	VN	13d INSIDE CITY LIMI YES NO X	0	36 STREET ADDRESS / 906 Wand			21090
ind with		THER'S NAME FIRST Walter		J.	Crane		15. MOTHER'S MAIDE FIRST Mary		Jane		Boy	
ond ond oges		VAS DECEASED EVEI (ES. NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	16b. SOCIAL SECT		,	Husb	and)		00 #1	2
BALTIMORE.		NO  18 CAUSE OF DEATH VENTER OF THE PART I. DEATH VENTER O	NA TH (Enter anl)	ane cause pe	212.05.		Mr. John	C. K	арр	Same	as #1	MATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.  NG PHYSICIAN: The low requires that the death certificate physician.  Ifter this certificate has been signed by the otherding post the buriol-transit permit. Then please remove carbon th and Mental Hygiene prior to burial, crematian, or removed or level as shows any injury, or other traumotic events.	NOI	Conditions, if any gave rise to im cause (a), stati underlying caus	ng the e last.	DUE TO, C	OR AS A CONSEQU	ENCE OF	Are Ca	E TERMIN	al disease or conf	Jan USEA DITION GIVEN	IN PART I I O	
TAI RECO	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [	G CAUSES	GS USED OF DEATH?
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OIVISION  UG PHYS  offer this free this bos the bu h and M h and M	MEDICAL	WHILE OCCUR			OF INJURY REET, FACTORY, OFFICE	FARM, ETC.)	211 LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
R ATTENDIA hospital or RECTOR: A hed for use spt. of Healt		22a. I certify that (I saw the decea abave, (I) (we)	sed alive an_	[]	11 19	8	d that in (my) (our) ap	pinian dei	ath occurred on the do	te and hour ar		that (I) (we) last causes stated
the the Date Date Date Date Date Date Date Dat		226 SIGNATURE	AME LIVE OR	M/2			ATTENDIO PHYSICI.	ING I	MEDICAL STAP		22c. DATE	24/ns
TO HOSPIT, retoined by TO FUNER, should be downth the Stoll IMPORTAN	22	SURYI	AP.	MU	NORA	MD	203 E	= P:	A7APS CO	Au	mp	51551 JULUSE
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DHMH - 16 60M 7/B4 (VRA 15, 4)		ngleton F	uneral	(/m	A SOURESS		250	NOV	26 1986	25h REGISTRAF	'S SIGNATI	Rondale



TOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR DECEASED NAME 20 DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) ESTI-1986 DEATH MATED 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNITED THE YEAR DATE 2d HOUR YEAR LAST BIRTHDAY) PRONOUNCED 1539 74 YRS DEAD BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH VER MARRIED MARYLAND USA DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS HOSP. HOUSEWIFE AT HOME 13d. INSIDE CITY LIMITS? YES X FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST PRESS ETHEL FOX 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT IRWIN RAVITERESS APT. C-2 (IF YES, GIVE WAR OR DATES) NO 214-22-8909 5901 DOVERDALE RD. BALTO., MD 18 CAUSE OF DEATH (Enter only one cause per line for (a), fond (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 QUIER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH/BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) NSION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 2D AUTOPSY? YES NO D 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM 19 21e PLACE OF INJURY (ATHOME III LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK AT WORK CITY OR TOWN COUNTY STATE TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE 220. I certify that I took charge of the remains described obave, held an and in my opinion Notural causes deoth resulted from: Accident Homicide Undetermined monner EXAMINER'S NAME William P. Jones, M.d. ADD 695 America Crt. Davidsonvile. Md (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL NOV.6,1986 CHIZUK AMUNO BALTIMORE MARYLAND 07/84 25M SOL LEVINSON & BROS., INC. 256 REGISTRAR'S SIGNATURE **DHMH - 17** 6010 REISTERSTOWN RD. BALTO., MD (VR A15 ME (5))

STATE OF MARYLAND

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	3	Louisiana	U.S.		MARRIEI	D NEVER MARRIE	ם יו	ANNE AF			Y MD.
1/ 33237	10.	CITY OR TOWN OF DEATH	11. NAME OF		ING HOME C	R OTHER INSTITUTIO	ON 120 U	SUAL OCCUPATION DE WORK FOR MOST OF W	1		F BUSINESS OR
20 2	1	GLEN BURNIE	NOR	TH ARINDI	EL HOSI	PITAL.		omemaker	· ORKING LIFE)	Own He	ome
ND 211	130	UAL RESIDENCE (IF NURSING HO I. STATE 136	OME OF OTHER INSTITUTION COUNTY A.A.	134. CITY OR TO	WN .	130. INSIDE CITY LIM		reet address / z 104 Queen		Rd 2	1061
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WW de de	0	Joseph	WIDDLE	Luiaco	no	Rose		WIDDLE		1arino	
MORE.	160	WAS DECEASED EVER IN U.  (YES, NO OR UNKNOWN)  (IF)	S. ARMED FORCES? YES, GIVE WAR OR DATES]	213-09-		John Rei	inhardt.	P.O. Box Pasaden	869 MD	21122	
Beach certificate threading procession of seminaria		18 CAUSE OF DEATH (En PART I. DEATH WAS C	EDIATE CAUSE (a) DUE TO, C	DR AS A CONSECU	03 000	H.D.	I Fa	alens		APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH
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AL RECO	CERTIFICATION	190. DATE OF OPERATION	196. CONE	)ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	163	AUTOPSY?	Ob. IF YES, V N CERTIFYIN YES [	VERE FINDIN NG CAUSES (	GS USED OF DEATH? NO [
OF VIT	Mary Control	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE  (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR A	OF INJURY A.M. MONTH ( P.M.	DAY YEAR	21c. HOW INJURY C	OCCURRED (Er	NTER NATURE OF INJURY I	NITEM 18 PART	T OR PART 2]	
DIVISION OF VIT	MEDICAL	21d INJURY OCCURRED  WHILL AT WO		OF INJURY TREET, FACTORY, OFFICE	FARM, ETC )	211. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
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5 a 5 a ₹ ₹ ₹	230	BURIAL, CREMATION, REM	OVAL TOB DAIR	M. D. 136	NAME OF C	EMETERY OR CREMA	DRIVA 723	CITY OF TOWN	21122	OUNTY	STATE
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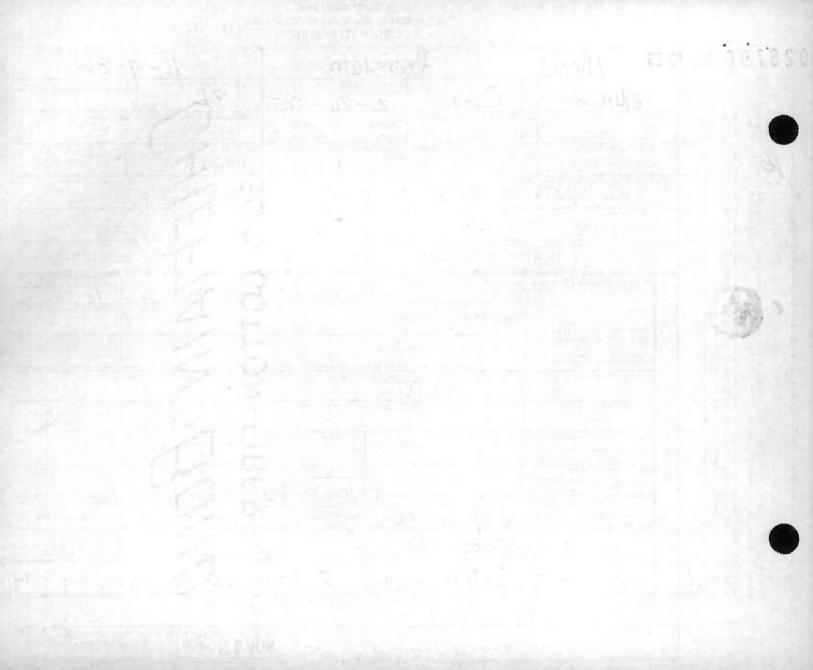
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE OF DEATH TYPE OR PRINTS CROVER RICHARDS JR NOVEMBER 17, 1986 3 SFX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR 1 male white BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Md. U.S.A. ANNE ARUNDEL COUNTY DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE) NORTH ARUNDEL HOSPITAL GLEN BURNIE trucking DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION Glen Burnieres No 1 13a. STATE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE Md. 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Cleveland Richards MIDDLE Grover Amel'Ta Baer 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 218 10 1443 Madeline K. Richards (same as 13E) 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG O 70s AUTOPSY 20b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO I 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (I) (this hospital) attended the deceased fram saw the deceased alive an and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated Od nat) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING FUNERAL DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 7845 OAKWOOD ROAD HSU, LONG S. M.D. GLEN BURNIE, MARYLAND 21061 0 23¢ NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 11/20/86 (SPECIFY) burial Glen Haven Glen Burnie BP 4001 Ritchie Hwy. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Autia Division . Ran Baltimore Md. alaas George Gonce (VRA 15, 4)

JR - NWEMER 17, 1986 212 BH AND AND ADDRESS OF THE PARTY CLEN WESTER NORTH ARBUTEL PREPARA was to work that it was first Extensive in the execution for ganguine 7845 ONOR DOWN 1179-56 .G.M., 2 9FG1 .(RH CLEY PERME, MARYLAM 21061 The second secon

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- 2//	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	NURSING HO	ME OR OTHER	RINSTITUTION	120 USUAL OCCUPAT	ON	12b. KIND O	F BUSINESS OR
000	ans II	GLEN BURNIE	NORTH A			AL	Cook			Govt
belied by State of the state of	Ma Ma	ryland   136. COU	A A Gle	n Burn	ie YES		13. STREET ADDRESS	zip cod more	2106 Ct A	_
	14. FA	THER'S NAME FIRST UNK	NOWN	LAST		THER'S MAIDEN NA	UNKNO		LAS	51
Pages 1		VAS DECEASED EVER IN U.S. AF YES, NO ORUNKNOWN) (IF YES, GI	1/5 11/10 ORD 17661	07 99	0. 17 INFO	chael R	n Burnien ing 6642 W	d 21 hitm	061 A	pt 172A
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signed hen ple ta burio ijury, or	N	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	NG TO DEATH	BUT NOT REI		MINAL DISEASE OR CON	PITIONGI	VEN IN PART 11	
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STATE OF MARYLAND

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BALTIMORE, MARYLAND 2120	e execute	Pages 1	1		(AS DECEASED EVER IN U ES, NO OR UNKNOWN) (IF	.S. ARMED FOR YES GIVE WAR OR D. NO	CES? 16b SOCIA ATES) 220-	1 SECURITY NO. 60-9236	Jeff Kahn	4619 Brand		e St.N.W.
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	NO	Se o se o mo			22a. I certify that (I) (this	haspital) otten	ded the deceased	from.	10 19 8	Ø , 1a	15	9 00, that (I) (we) lost
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	A S	IREC hed ept.			27h SIGNATURE	cV	-0		DEGREE			22c. DATE SIGNED
	AL C	AL DI etacl te De			Druait	C. A	exoru	a ul	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	ΝП	11/9/86
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	5 5	ohs with		23a E	URIAL, CREMATION, REM	OVAL 23b DA	ATE	23c NAME OF C	EMETERY OR CREMATORY	V 1234 LOCATION	-	
	В	P	- 34		SPECIFY) Burial	11/	11/86	Knese	eth Isreal	Cem. CITY OR TOWN Ann.	Δ λ	COUNTY STATE
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Tom Helfenbein Funeral Homes, Chester, MD 21619

(VRA 15, 4)

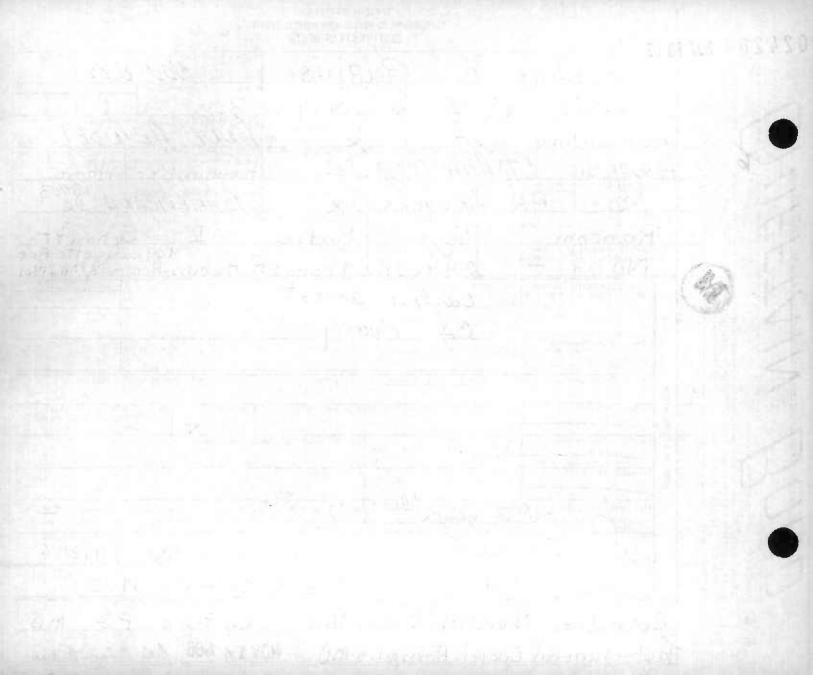
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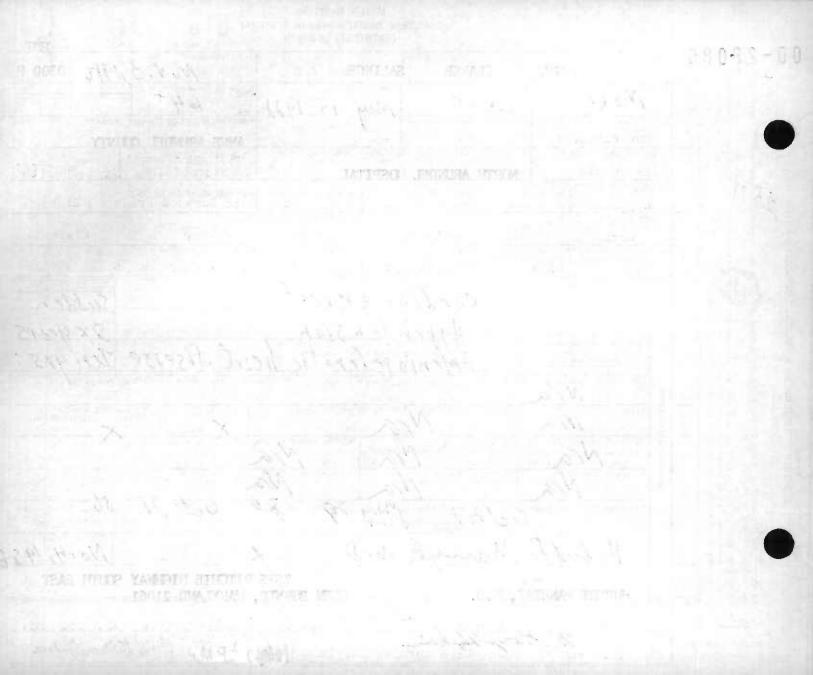
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				STATE OF MARYLAND		
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001	11	NAPOLIS 10	10 HMERICI	ANH DR.	Homema	Ker Home
司工	Ju 51	RESIDENCE (IF NURSING HOME OR OTHER 136 COUNTY	No. CITY OR TO	. [ [ A ]	13. STREET ADDRESS	ZIP CODE WID 3140
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2 2 2	ATION					
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15	MICA	90 DATE OF OPERATION	- CONDITION TOR WITH	CH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT
Sygnene prior	CERTIFIC	71a ACCIDENT WAS UNDERLYING 2	21b. TIME OF INJURY	21c HOW INJURY OCC	YES NOW	IN CERTIFYING CAUSES OF DEAT YES NO
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State Dept. of Neath and Mental Hygrens p NTI II hem 21 is marked at liver 18 ships o	MEDICAL CERTIFIC	27a ACCIDENT WAS UNDERLYING 2 POOR CONTRIBUTING ACUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 27d INJURY OCCURRED  WHILE ALWORK 27d Certify that (1) (this haspital oboyd. (1) (ye) (did) (did not) view 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE OR PRINT	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 11e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	DAY YEAR  19  211. LOCATION STREET  , and that in (my) (bur) opin  DEGREE  ATTENDIN	VES NOT	IN CERTIFYING CAUSES OF DEAT YES NO RY IN ITEM 18 PART 1 OR PART 2)  WN COUNTY ST  One and hour and from the couses sta
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BALTIMORE	£ 5		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	ranly one couse pe	er line lor (a), (b), or	nd (c).	rnest		BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
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	Y the hor RAL DIRE RAL DIRE detacher of Department of The Control		22b. SIGNATURE	F. Ma	muzek	M-	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F /	Vov4, 195
	A Se E	1	22d. PHYSICIAN'S NAME (TY	PE OR PRINT)			22e ADDRESS 7575	RITCHIE HIG	TUNAV SOLI	THE EACT
	TO HOSI		HIRERT MANI	IZAK M D		3111	CIEN DIDNIE		21061	III EASI
	Of Ship A	23a.	BURIAL, CREMATION, REMOV		23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNT	y STATE
	BP		Burial	Nov 6	, 1986 Ba		Mem. Un. Metl	"   Millersvi	11e A	A Co. Md.
	DHMH - 16 60M 7/84		UNERAL DIRECTOR %.	Horge,	Weken	_	25a. DA1	E REC'D BY REGISTRAR	25) REGISTRAR'S S	IGNATURE ALCOHOLOGICAL CONTRACTOR OF THE CONTRAC
	(MDA 36 4)	I C	noloton Funor	al Homo	Ton Rur	nia M	Maryland   Maryland	I CO TO (MOL)	Men Drosde	D. Albrante



## DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO DECEASED NAME 20. DATE OF DEATH (TYPE OR PRINT) 1. SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH 7d. BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED Flounde NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE! memaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE 113b COUNTY CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE nanhv 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SO TAL SECURITY NO. ADDRESS 17. INFORMANT (YES, NO QR UNKNOWN) (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 28a AUTOPSY? 20h IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NON YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) STREET NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an abave, (I) (we) (did) (did nat) view the bady after dep and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS THE PHYSIC AT S NAME (TYPE OR PRINT)

STATE OF MARYLAND

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL CREMATION REMOVAL

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

COUNTY

2b. HOUR

12b. KIND OF BUSINESS OR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

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STATE

INDUSTRY

IF UNDER 24 HRS

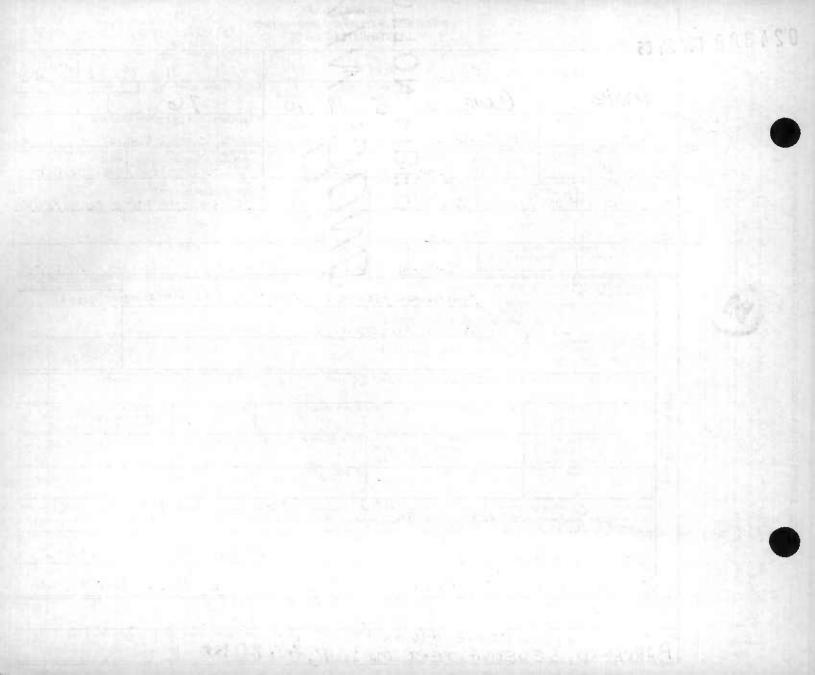
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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Fleck Funeral Home, Inc. Laurel, Md. 20707

P.G. 7601 Sandy Spring Road 250 DATE



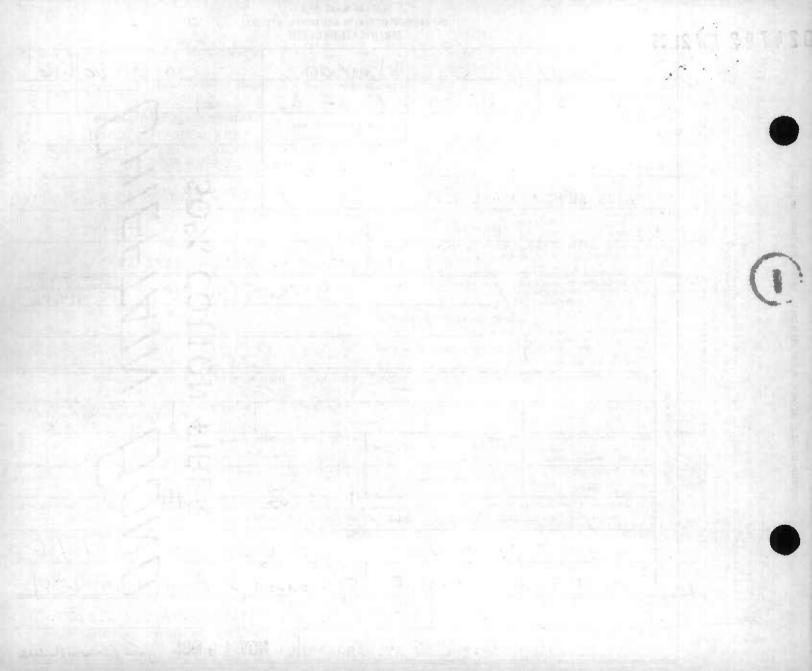
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J b / MUV I	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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3	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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de 7	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	1 8 11	RAITIMORE CITY OR COL	RS.   INTY OF DEATH
Syc	COUNTRY)	1.1 400	MARRIED   NEVER MARRIED		
5	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL NILIPSI	WIDOWED DIVORCED	120. USUAL OCCUPATION	12b KIND OF BUSINESS OF
2	No	(IF NOT IN SUCHEACILITY, GIVE STREE		(TYPE OF WORK FOR MOST OF WORK)	ING LIFE) INDUSTRY
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E	M. ANI	ve Arundell Scuence		656 Shore	x,-21146
u l	FATHER'S NAME FIRST	MIDDLE . LAST	15. MOTHER'S MAIDEN	NAME	LAST
(3)	ECKHARDT E	ZEGIUS SCH	OLTZ ANNIE		O'MALLEY
dicol 1	WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS 6	56 Shore Rd.
a l	NO	220-1	3-215 Eckhard	TSCHOLTZ, Se	OVEYNAPAK, M
the the	18. CAUSE OF DEATH (Enter	only one couse per line for (a), (b), a	nd (c).)	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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t te	226 SIGNATURE	A 11 A	DEGREE	G MEDICAL STAFF	22c DATE SIGNED
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= 2	BURIAL, CREMATION, REMOVA	1 / / - /	NAME OF CEMETERY OR CREMATOR	RY 23d LOCATION	COUNTY
	CREMATION	11/7/86	hee's	CLINTON	Prince George M
044 7/84	FUNERAL DIRECTOR PLACE	67.13ee/1	MARULAND 250.	DATE REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
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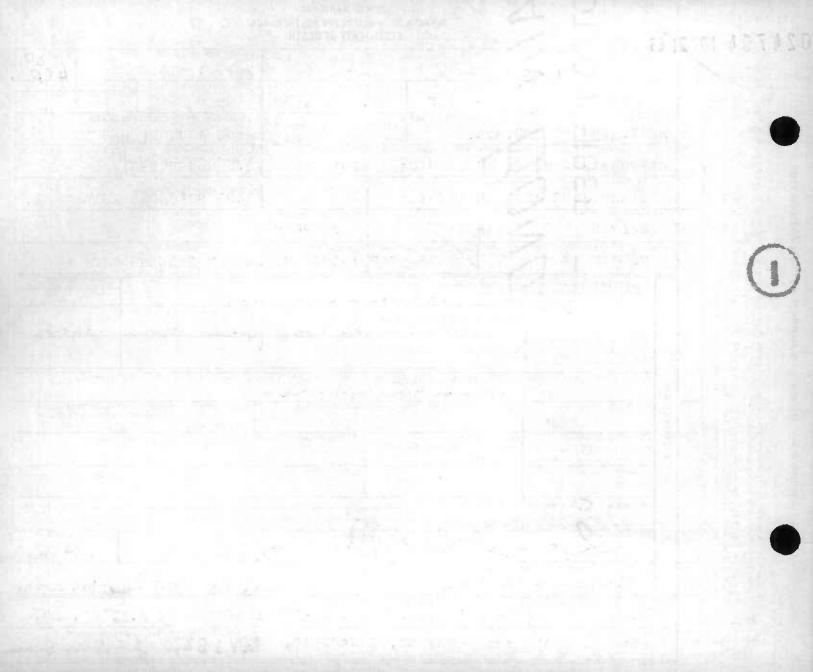
023567 10 1055 ELKHALDS LEEFIUS SCHOLTZ ANNO MAY SHRAZUEY die a waaring strong the area -15/2/11/ MICharla MeriAs or FRANKLINST. MARKLINGS AND STREET STREET, STREET Lake March 1984 of 1984 of 1984 bearing the second of the

CERTIFICATE OF DEATH  REG. NO.  1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 16 HOUR PRANCES LEE SHERMAN NO VEMBER 143, 1986 10:02 M NO VEMBER 143,		81	FOR		DEDADTA		OF MARYLAND	IENE 8 6	3 0	4 4 9
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STATE OF MARYLAND

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THEOLOGICAL PRINCE SELLENGE Anterior le contre Colo. ASSING X ON EAST FINE THE  025025

ars after death. Page 4 may be

by the funeral director, page 3 filed within 72 hours offer death

STATE OF MARYLAND

MOY	1-	FOR STATE REGISTRAR		DEPARTA		CATE OF DEA		REG. N	10.	0 3	
1101		EASED NAME FIRST	MIDE	DLE	L	AST		20. DATE OF DEATH	MONTH D	YEAR	2b. HOUR
	(TYPE	Naon Naon	nii		Sn	yder			11 20	86	3:05PM
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X	10. CI		1. NAME OF HO	SPITAL, NURSIN		R OTHER INSTITU	TION	12a USUAL OCCUPA			OF BUSINESS OR
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32	14. FA		NDDLE	LAST		15. MOTHER'S M		MIDDLE		£A1	ST
XU		William		Livings		Da	sy			Tho	mpson
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/		NO	2	13-20-9	1478	William	F. Li	ns, Jr., 6	219 Gr		
		18. CAUSE OF DEATH (Enter and	y one cause per line	e far (a), (b), an	dicii	$\wedge$		1		APPROX	ONSET AND DEATH
		PART I. DEATH WAS CAUSED	CAUSE (a)	tello:	an organization	ie ou	nough	1 Ascolars	Jeace	-	
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7	AT O	19a DATE OF OPERATION	19h CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORM	ED.	200 AUTOPSY?	20b. IF YES.	WERE FINDI	NGS USED
7	J.	THE DATE OF CLEANING		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				WES [] WO[]	IN CERTIFY	ING CAUSES	S OF DEATH?
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4		OR CONTRIBUTING CAUSE OF DEAL	110110 4 44	MONTH D	AY YEAR		OCCOM	ED (Eleter text out out of the	OKT IN TEM TO TA	RT T OR T ART 27	
/	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	61111611	19	211 LOCATION					
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		WHILE NOT WHILE AT WORK									
		22a.l certify that (I) (this hospit		leceosed from_			19				that (1) (we) last
		sow the deceased alive on abave, (I) (we) (did) (did nat	view the body att	er death	, or	nd that in (my) (as	ur) apinion d	leath occurred an the	date and haur	and Iram the	causes stated
		276-SIGNATURE	)			DEGREE				22c. DATE	SIGNED
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7		224. PHYSICIAN'S NAME INTER	PRINT)			22e ADDRESS					
		Dr. Schwartz				606 H	ammono	ds Lane			
1		BURIAL, CREMATION, REMOVAL	23b. DATE	23€ 1	NAME OF C	EMETERY OR CRE		236 LOCATION			
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33	н	ubbard Funeral I	Home. Inc	ADDRESS 4. 4107		ns Ave.	MO	124 1300	Julia d	corder-	Caramer

DHMH - 16 50M 4/8 (VRA 15, 4)

BP.

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and e should be detacked for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The low requires that the death certificate be

Art and the state of the state

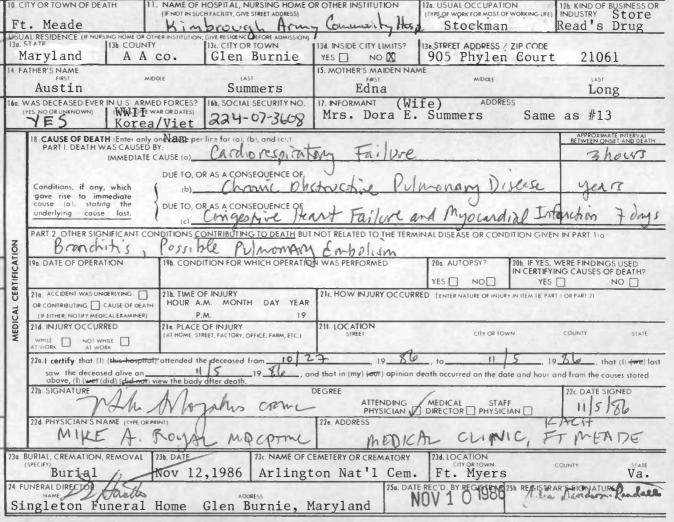
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	E	or. p		3. SE	X	4. RA	CE		5. DATE C		6. AGE (IN YEARS LAST I	IRTHDAY) II	FUNDER I YEAR IF UN	NDER 24 HRS
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DIVISION OF VITAL RECORDS,	ne lo			CERTIFICATION							YES T NOT	IN CERTIFY	ING CAUSES OF D	DEATH?
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ā	ENDING To lor	R. Afte	HOL		220 I certify that (I) (th	n hasnital to	ttended th	e deceased from	3/1	10 86	to 11/1	2 10	86 that	(1) <del>(we)</del> last
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	PITA	FUNERAL	NA -		22d. PHYSICIAN'S NAM	E (TYPE OR PRIN	0 1 1114			PHYSICIAN 22e ADDRESS	DIRECTOR   PHYS	ICIAN	11/13/	<u>cq</u>
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6.1.	100	9/	₹ -	730	BURIAL CREMATION RE		b. DATE	72	NAMEOFO	EMETERY OR CREMATORY	123d LOCATION		,	
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		STATE OF MARYLAND	
2556	5 DEC -2	T - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 6 REG. NO.	045/
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•	the ZZ hours	BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 19 BALTIMORE CITY OR COUNTY WIDOWED 10 MORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION	MD.
5	o the day	JALIAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	12b. KIND OF BUSINESS OR INDUSTRY
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MAR		WILLIAM HEBRON RACHEL CROMW	
TIMORE	- Poge Poge	66. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  NO  16. SOCIAL SECURITY NO. 17. INFORMANT Annapolis, Md. 21401 LEWIS STEPNEY 2044 Parker Dri	ve
ST. BAL	g physics on paper enest, th	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OI W. PRESTON	that the seath of d by the strandin frois remotion or or other troumation	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF John Support of the Consequence of the	
RECORDS, 2	to been some emit. Then p e prior to bur	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE  RECEIVED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES IN CERTIFY  YES NO YES 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18. PA	WERE FINDINGSUSED VING CAUSES OF DEATH?
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			STATE OF MARYLAND
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1 75	COR	FRED	William STORTON 11 16 86 /225 M
y deg	7. SE		4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
oge & rector,	1	Male	white month day year 81 yrs months days hours min.
	7a. B	RTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT COUNTRY? 8.  MARRIED & NEVER MARRIED   9. BALTIMORE CITY OR COUNTY OF DEATH  MARRIED DIVORCED   Anne Arundel County MD
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TIMOS De exe De exe t medic	(	YES, MOOR UNKNOWN) (IF YES, GIV	(EWAR OR DATES) 561-344329 Mary Elizabeth Storton-#13
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HOSPH Owed to S FUNER M the St		224 PHYSICIAN'S NAME (TYPE O	122e ADDRESS
4 6 6 4 4 W		Nicholas (	Lapozzoli MD 125 Show Street, Annapolis, MD
ET FREM	23o. E	SURIAL, CREMATION, REMOVAL	
BP	1	Burial	Nov. 18, 1986 Hillcrest Annapolis A.A. mi
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(VRA 15, 4)	Ic	cylor Funen	al Chapel-Annapors MI NOV 201986 1 Design Renders

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	* <b>A</b> E	(TYPE OR PRINT)	Robert	. A	ustin	Su	mmers	November	5,	1986	1728 M	
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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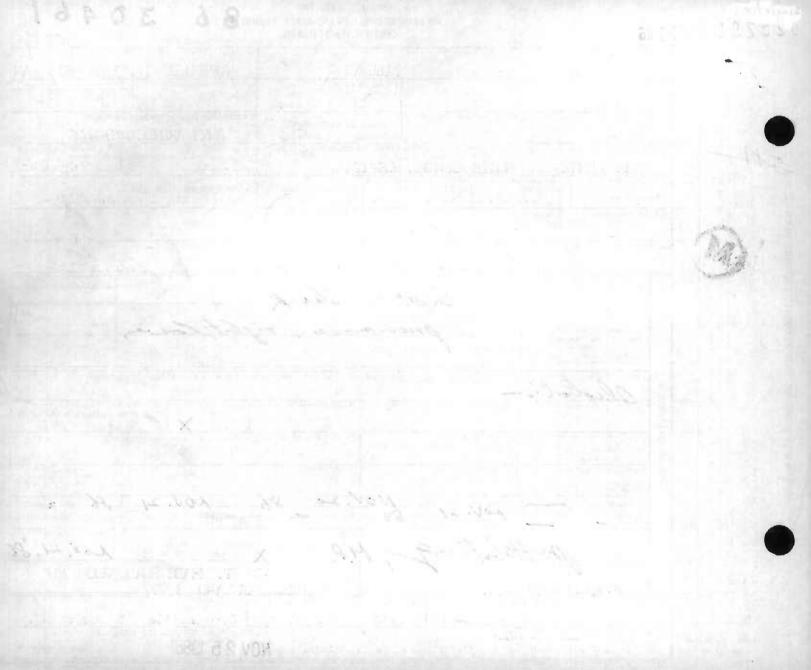
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG - STATE MEDICAL EXAMINER'S CER REGISTRAR SED NAME 20 DATE KNOWN F OF ESTI-DEATH MATED 1986 SWIF ROBERT 0. 3. SEX 4. RACE 6. AGE (IN YEARS | IF UNDER TYR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED White 8-30-1986 DEAD Male Th. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDX FOREIGN COUNTRY! Maryland U.S.A. WIDOWED DIVORCED Anne Arundel O CITY OR TOWN OF DEATH Glen Burnie North Arundel Hospital RETAIN P. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13b. COUNTY T3d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MD Glen Burnie YES 🗌 NO X Leigh Rd. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE William Kimberly Marine 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No Kimberly Swift (Same as 13e) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AR DIU-RESPIRATORY MINVZGS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which FAILURG RATONT 1-10015 gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost CONGENITAL HEART DISEASE - SINGLE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 19a, DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NER: This icate, WRITING I. E. FORWARDED TO THE CORWARDED TO THE CORWARDED TO THE CORWARDED TO THE CORWARD OF T YES 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK AT WORK NOT WHILE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE ( BAĞİTIMORE, MARYLAND, 21201 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted fram: Undetermined manner TITLE (SPECIFY) RITCHIE (TYPE OR PRINT) 23d. LOCATION Cremation 11/7/'86 Westview Mem. Pk. Catonsville, Balto., MD 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 125b. REGISTRAR'S SIGNATURE **DHMH - 17** George J. Gonce, 4001 Ritchie Hgwy., Baltimore, MD NOV (VR A15 ME (5))

Singleton Funeral Home Glen Burnie, Maryland

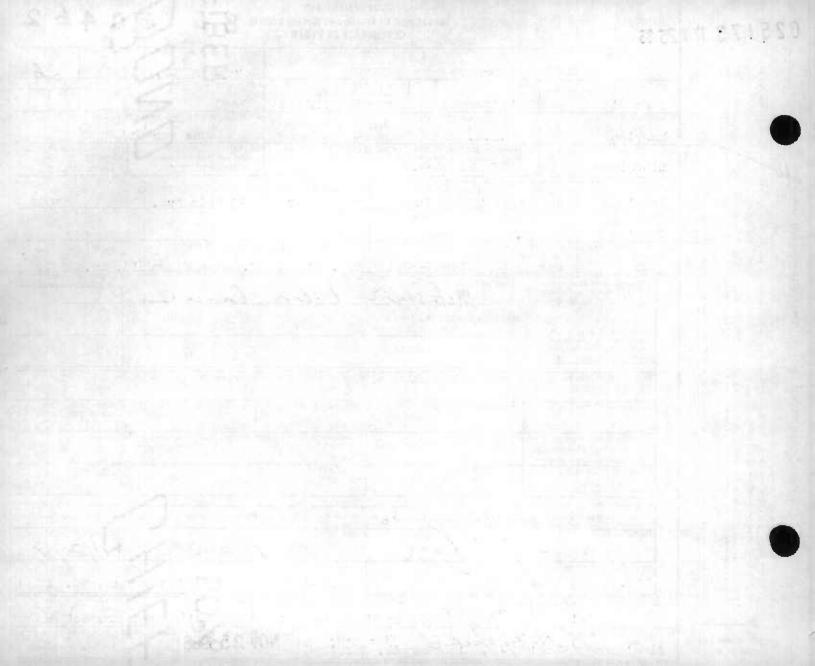
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(VRA 15, 4)



Singleton Fuheral Home, Glen Burnie, Maryland

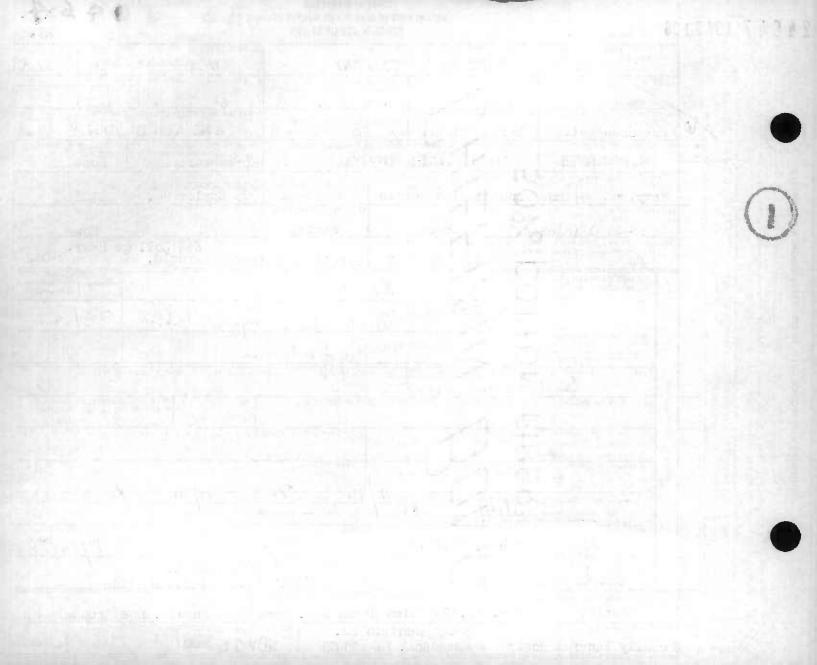
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000		male	Caucasi			mber 20,		88	YRS.		
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MARYLAND red solve 24 complessor fills solve fills sol	12	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MA	IDEN NAME	WIDDLE		LAST	
W T T	16	George	W.	Esher			anda			Mang	le
S S	164	MAS DECEASED EVER IN U.S.	ARMED FORCES? S, GIVE WAR OR DATES)	166 SOCIAL SE	CURITY NO.	17. INFORMANT	Execut	tor) 104	Cromw	ell Ave	nue
WI I II	No			195-16-	-9951	Leonard			n Burn		21061
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN. The fav. requires that the death certificate that been signed by the attending plants has been been signed by the attending plants has been been been been been been been bee	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), storting the underlying couse lost	DUE TO, C  DUE TO, C  (b)  DUE TO, C  (c)  NT CONDITIONS C	OR AS A CONSECUTION ON TRIBUTING TO	QUENCE OF	NOT RELATED TO	THE TERMINA	ALD DO	DITION GIVEN		
REC	FICA	19a DATE OF OPERATION	196 COND	III ION FOR WHI	ICH OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	IN CERTIFY!	WERE FINDING NG CAUSES OF	F DEATH?
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Partition Part		OR CONTRIBUTING _ CAUSE O	F DEATH HOUR A	M. MONTH			OCCORRED	CENTER INATORE OF THOSE	KT IN TEM TO PAK	I I OR FART 2)	
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AN STAN PER		22d PAYSICIAN'S NAME (T	YPE OR PRINT)			22e ADDRESS				INOU	17, 1786
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4647 NOV 20		FOR STATE REGISTRAR				CERTIF	OF MARYLAND EALTH AND MENT ICATE OF DEAT		REG. NO		04	6 4 EST
84		CEASED NAME	FIRST		MIDDLE		AST	6	20 DATE OF DEATH			26 HOUR
ay be ooge 3 death		CECE			RICIA		CZKO		NOVEMBE	/		1105 AM
frer of	3. SE		4	RACE		5. DATE C		EAR	6. AGE (IN YEARS LAST BIRT	(HDAY)	FUNDER I YEAR	HOURS MIN.
ge 4	/	Female		White				923	63	YRS.		
1 12 AX		RTHPLACE (STATE OR FO	DREIGN 7	b. CITIZEN OF	WHAT COUNTR	MARRIE	NEVER MARR	IED 🗆	9 BALTIMORE CITY O			
1 200	Ma:	ssacheusset		United	d States				ANNE A	RUNDEI	THUCD	Y MD.
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<b>《</b> 《 · · · · · · · · · · · · · · · · · ·	14. FA	THER'S NAME	M	IDDLE	1.AST		15. MOTHER'S MAI	DEN NAM	NE MIDDLE		LAS	
1900		Michael (	Micha	- )	Coyne	9	Marth	a	Model		Но	
IMORE,		VAS DECEASED EVER II VES. NO OR UNKNOWN) NO		NED FORCES? WAR OR DATES)	024 18		Cecelia	S Ost	trowski Arno	Scolle	ge Pkw	y•21012
rtificate by physicial phy		18 CAUSE OF DEATH PART I. DEATH WA		y ane cause per BY: CAUSE (a)	line for (a), (b),	and icity /	veh.					MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIM ING PHYSICIAN: The low requires that the death certificate by the this certificate has been signed by the ottending physician os the burial-transit permit. Then please remove carbon papers: eth th and Mental Hygiene prior to burial, cremation, or removal. orked or Item 18 shows any injury, or other traumatic event, the integral		Conditions, if any,		DUE TO, O	R AS A CONSEC	DUENCE OF	inter infor	iv	nyvadin u	prer	36	Leur
that the d by the lease remial, cremial.		cause (a), stating underlying couse	the	DUE TO, O	R AS A CONSEC	QUENCE OF	lyper	leis	u-		Mix	
PRDS, 2: requires an signe Then p or to bur injury, o	NOI	PART 2. OTHER SIGN			ontributing t		NOT RELATED TO T	HE TERMI	NAL DISEASE OR CONI	DITION GIVE	N IN PART 110	
TAL RECOR	CERTIFICATION	19a DATE OF OPERATI				ICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERTIFY YES		GS USED OF DEATH? NO
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DING PHYS or offerthis After this e os the bu morked or	MEDICAL	214 INJURY OCCURRE		21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC.)	211 LOCATION STREET	00	CITY OR TO	WN	COUNTY	STATE
ATTEND or spital or cross for use of Heal		220 I certify that (I) ( sow the deceased above, (I) (werted	d olive on_	11/14/	15	01	d that in (my) (aux)	opinion d	eath accurred on the do	ate and haur		that (I) (sye) last couses stated
TAL OR A Ty the hose RAL DIREC detached tote Dept. NT: If Item		226. SIGNATURE	rend	Pler	el m			IDING ICIAN	MEDICAL STAF		22c. DATE	SIGNED 14/22
TO HOSPITAL OF retained by the TO FUNERAL DII should be detach with the State De IMPORTANT: If It		GERAND	CHURC	н, И.Д			22. ADDRESS SEVE		EVERGREEN R PARK, MARYL		146	1
BP	(	Burial, CREMATION, R SPECIFY) Burial	EMOVAL	Nov •	17, 186	Glen H	emetery or cremaven Mem.	Park	23d LOCATION CITY OR TOWN	ie,Ann	e Arun	del MD
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director Cully Funer	al Ho	2000	3204 M	ountair na, MD	Rd. 21122	250. DATE	N 18 1986	25b. REGISTR	AR'S SIGNAT	URE Landark

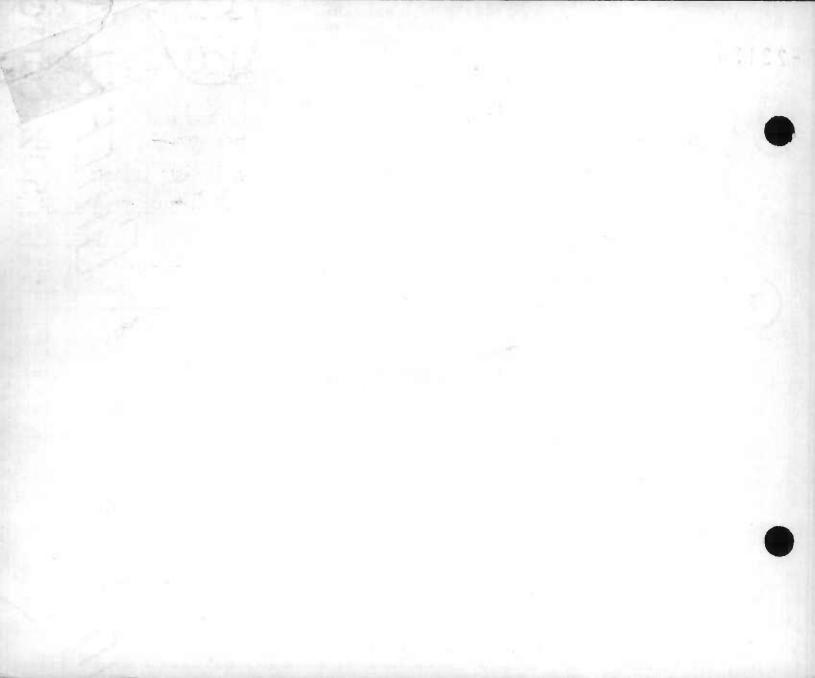


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	6	3	0	4	65
CERTIFICATE OF DEATH	850 110				

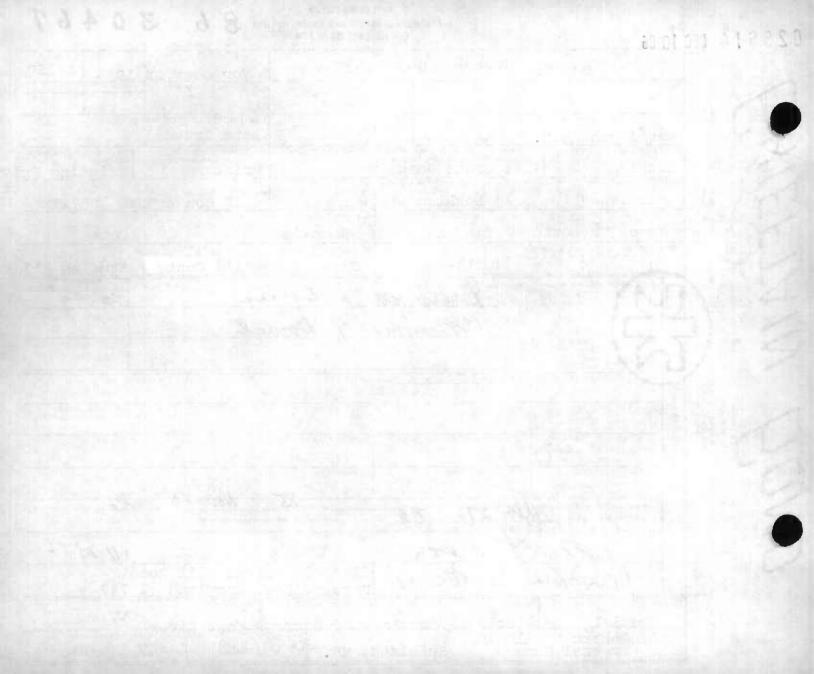
	1-	FOR STATE REGISTRAR	CERTIFICATE OF DEATH  REG. NO.									
-1		CEASED NAME FIRST	WIDDLE			AST		MONTH DAY YE	AR 26. HOL	JR A		
	(ITPE	Audrey	F	١.		Tull	November	1, 1986	1:0	O A		
	3. SE	Х	4. RACE 5. C			OF BIRTH	6. AGE (IN YEARS LAST BE			24 HRS		
		Female	White		July		69	YRS.	ONTHS DAYS HOURS MIN.			
H	BIRTHPLACE (STATE OR FOREIGN		76. CITIZEN OF W	HAT COUNTRY	8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
3		lary land	USA	1	WIDOWED DIVORCED		Anne Arui	nde1	MD.			
5		ity or town of DEATH	11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES 903 Andrews Ave				12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retail Cl	DE WORKING LIFE) INDUS	126. KIND OF BUSINESS OR INDUSTRY Retired			
1	₩SU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION, G		RE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🔯	13e.STREET ADDRESS 903 And		e 2	21061		
	14 F.A	ATHER'S NAME John	WIDDLE	Whitney		Ella	MIDDLE		Sweat			
		WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)			17 INFORMANT	ADDR					
NOI		No		213-14-9807   Kenneth M				Tull, Sr., same as 13				
	ATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN										
	CERTIFICATION	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPE					20a AUTOPSY?  YES NO	IN CERTIFYING CAUSES OF DE				
MEDICAL CE	¥	210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DI  (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.M	. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PA	₹1 2)			
	MED	21d. IN JURY OCCURRED  NOT WHILE AT WORK	21e. PLACE O (AT HOME, STREE	OF INJURY TREET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION STREET			CITY OR TO	OUN COUN	IA ?	STATE		
200		220.1 certify that (1) this hospital) attended the deceased from										
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN []										
/		Dr. James		nin, M.D	•	653 Old Mil	1 Road, Mi	llersville	, MD			
	23a E	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION	COUNTY		LATE		
		Burial	Nov. 3	, 1986 G	len Ha	aven Mem. Park			MĎ	) "		
	24 F	UNERAL DIRECTOR  NAME  James S. K	irkley, (	Glen^®Bür	nie, N		E REC'D. BY REGISTRAN	1 1 2 200 3	ONATURE CON Rando	all.		



26398 DEC-9		FOR STATE REGISTRAR		PARTMENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	3049	EST
noy be page 3 rr death	I. DEC	CEASED NAME AKA FIRST F	LORRAINE		AST Vollmerhaus ERHAUSEN	NOVEMBER	=0 1001	14 PMM
ge 4 mo ectar. pc rs after c	3. SE)	Female	4 RACE White	5. DATE (		6. AGE (IN YEARS LAST BIRTHE		HOURS MIN.
Att by by		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR ANNE ARUI		MD.
154		TY OR TOWN OF DEATH	NORTH ARUND			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Housewife		aker
24 hou 21:	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	NTY 13c CITY OF		13d INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS / 2 203 Kuethe		1
MARYLAND 2 ed within 24 h mpletely filled fin 2 should b	14. FA	THER'S NAME Richard	P. Vos.	ler	15. MOTHER'S MAIDEN NAME	ME MIDDLE S	• Byrd	
BALTIMORE,  ate be executivation and co ppers. Pages 1 vol. t, the medical		VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	SECURITY NO. 20-9961	Joan Marie I	ADDRESS Bettius Sar	me as 13e	
RECORDS, 201 W. PRESTONS; B. Blow requires that the death certifical as been signed by the ottending physiciant. Then please remove carbon payer prior to buriol, cremation, or remove sony injury, or other troumatic event.	ATION	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA:  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT (19) DATE OF OPERATION	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)	SEQUENCE OF		INAL DISEASE OF CONDI	TION GIVEN IN PART IN	3
F VITAL REC AAN: The low physician. Infraorsit perm of Hygiene pr	CERTIFICATION	210. ACCIDENT WAS UNDERLYING CON CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY	gara h	21c HOW INJURY OCCUR	YES NO	IN CERTIFYING CAUSES O	
DIVISION OF VITAL ING PHYSICIAN: The r ottending physicion After this certificate hi as the buriol-transit p ith and Mental Hygier orked or item 18 show	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED  21d INJURY OCCURRED  WHILE  AT WORK		DEFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	N COUNTY	STATE
ATTENDIA Spirol or CTOR: A I for use of Heal		27s.1 certify that (1) (this hosp sow () described in off object (i) we hald lidid no	11/30	P - 6	nd that in (my (our) pinion	death accurred on the date	2 , 19 5 , the e and hour and from the ca	ot (ive) last
O HOSPITAL OR valued by the hole of the bound by the bound be detached with the State Dept virial the state of the s		774 PHYSICIAN'S NAME ONE	for	2/		MEDICAL STAFF DIRECTOR   PHYSICIA		GNED
TO HC TO Fu		DAVID A. SCH				E, MD 21061		
BP		URIAL, CREMATION, REMOVAL BURIAL	12/4/86		EMETERY OR CREMATORY Hill Cem.	Baltimore	COUNTY A.	Md
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FL	eorge J. Gonce	4001 Ritchie	Hgwy Bal	to Md 250. DAT	E REC'D. BY REGISTRAR 25	b registration	eals.

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	1	FOR STATE	DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 6	3	0 4	67
)		CEASED NAME FIRST OR PRINT)	Joseph	UAN	WIE	REG. No 20. DATE OF DEATH	MONTH DA		26 HOUR 1:35P.
noy be poge 3 er deoth	3. SE		4. RACE	5. DATE O		Novembe		1986	IF UNDER 24 HRS
ge 4 m	3. 36	Male	White		mber 17 196	2 23	YRS.	ONIHS DAYS	HOURS MIN.
eoth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)	Th CITIZEN OF WHAT COU	MARRIE WIDOWE	DI NEVER MARRIED	Anne Aru	_	OF DEATH	MD.
Softer do with		othian	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV 4121 Conte	E STREET ADDRESS)	PR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Printer		INDUSTRY	ting Pr
NG PHYSICIAN. The low requires that the death certificate be executed within 24 hours ottending physician.  Figure this certificate been signed by the ottending physician resemble to sthe burnol-trainst permit. Then please remove corbon papers. Plant the not Amental Hygiene prior to burnol, cremotion, or removal.  Figure 18 shows ony injury, or other traumottic event, the mild of the resemble or the notation of	130 5	AL RESIDENCE (IF NURSING HOME OF STATE 136 COLF	OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS 4121 Con	ZIP CODE		0711
p Author	14 FA	ATHER'S NAME	MIDDLE LA	ŞT	15. MOTHER'S MAIDEN NA ROSalie		20_1(0)	Cont	Ť
execute and the second	1	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	1 SECURITY NO.	17 INFORMANT	osalie Van			Material Control
siction pers. F		18 CAUSE OF DEATH (Enter on	ly one couse per line or 101,		Udines & R	Osarie van	wie	Same	MATE INTERVAL
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e dec move notion trour	2	Conditions, if ony, which gove rise to immediate	(b) Cop a	mini	& Don	ieto			
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ne low recon.  hos been permit. Tilene prior t	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	which operatio	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
ICIAN: The IL g physicion. errificote hos nol-tronsit pe intol Hygiene tem 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR			T I OR PART 2)	
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ENDIII		22a.1 certify that (I) (this hospi		19.85 or	19.06		. 19	16	that (I) (we) lost
ATTI lospit ECTC ed for ot. of em 21		sow the deceord all years obove, (1) (See All	t view the trady city death		d that in (my) (our) opinion	deoth occurred on the do	ofe and hour o	22c. DATE	
TAL OR Ay the holy the holy the holy detoched tote Dept.		Dere	ex ex	on.	ATTENDING PHYSICIAN F	MEDICAL STAF	IAN	11.2	8-56
TO HOSPITAL retoined by the TO FUNERAL should be detoined to with the Stote IMPORTANT: If	8	DEN PHASICIANIS (TYPE O	NO S PE	G80N	Forestvill			1 0747	
5 5 5 3 3		BURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		CONUMEY	SLATE
BP		Burial	1Dec1986	Our La	ly of Sorro		iver	'A'A'	Md
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	NAME ROBERT E Funeral H	Wilhelm ome	Suitlan	d, MD. UELPA	5 1986 Jul	236. REGISTRA	AR'S SIGNATI	URE I



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG REGISTRAD REG. NO DECEASED NAME 20. DATE KNOWN 2b HOUR LIVES OF PRINTS OF ESTI-DEATH MATED harles 1086 DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YP JE LINDER 24 HRS 7d HOUR 2c. DATE YEAR LAST RIRTHDAY PRONOUNCED 1737 21 DEAD YRS BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland WIDOWED DIVORCED TOWN OF DEATH OR INDUSTRY Elect. Foreman Beth Steel NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d INSIDE CITY LIMITS? WE STREET ADDRESS Road 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Charles Wagner Lillian Smith Fasadena, Md 21122 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) I HE YES GIVE WAR OR DATES Wagner 218 Drum Ave N. 218-10-8195 Charles W. Yes WW II 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO D 210. EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autapsy and in my opinion death resulted fram: Homicide Notural couses Undetermined manner TITLE (SPECIFY) GE 4 SHOU FUNERAL DEPORTED Deputy MEDICAL EXAMINER EXAMINER'S NAME ADDRES 695 America Crt. Davidsonville, Md. 21035 William P. Jones, M.D. (TYPE OR PRINT) 40 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATOR' Cemetery Baltimore Md 11/25/86 Burial New Cathedral 07/84 25M George J. Gonce 4001 Ritchie Hgwy Balto Md 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** ulea Devideon-Randall (VR A15 ME (5))

20715-3043

Bowie, MD

Beall Funeral Home

(VRA 15, 4)

STATE OF MARYLAND

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death certificate be executed within 24 hours ofter

requires that the

PHYSICIAN: The low

ATTENDING

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erely filled in by the funeral director, page 3 d'a should be filed within 7.2 hours ofter death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	STATE REGISTRAR		DEFAKI		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0		
1. DE	CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
(TYPE	E OR PRINT)		177	T.T'D	DE		11	2 86	0.05
3. SE	ROBERT	4. RACE	E.	MA.		6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	
J. 3E				MONTH 6				MONTHS DAYS	
	MALE		ASIAN		8 45	41	YRS.		
	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	TY OF DEATH	
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10. CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN CHEACILITY, GIVE STREET		R OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS
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	AL RESIDENCE (IF NURSING HOME				13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 710 000	DE 210	76
	RYLAND 136 COU	_	Hanover		YES TO NO TX	1259 Sto			
14. FA	ATHER'S NAME		pruno vor		15. MOTHER'S MAIDEN NA	ME	110 y	Itali Ita	Juu
-	FIRST	E.	Ware		Ethel FIRST	MIDDLE		Jenk	ring
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		1971							
	Yes 1968	19/1	214 50	0212	Ronald F.	ware 3022	Pen		
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		ATE CAUSE (o)	Cardio	pulmo	nam arrest				5 min.
	gove rise to immediate cause (a), stating the	DUE TO	OR AS A CONSEQUE	ENCE OF	Nypercalcemi				TNOW
	cause (o), stating the underlying couse last.	(c)_	DR AS A CONSEQUE		malignant m	relanoma		4	mont
NOI	cause (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT	(c)	ONTRIBUTING TO I	DEATH BUT	malighant w	IN AL DISEASE OR CON			
TIFICATION	cause (o), stating the underlying couse last.	(c)	ONTRIBUTING TO I	DEATH BUT	malignant m		20b. IF YI	ES, WERE FINDI	INGS USED
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DHMH - 16 50M 4/83 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottendin should be detached for use as the burial-transit permit. Then please remove cent with the State Dept. of Health and Mental Hygiene prior to burial, cremation, of

Chiese Rest Parida 

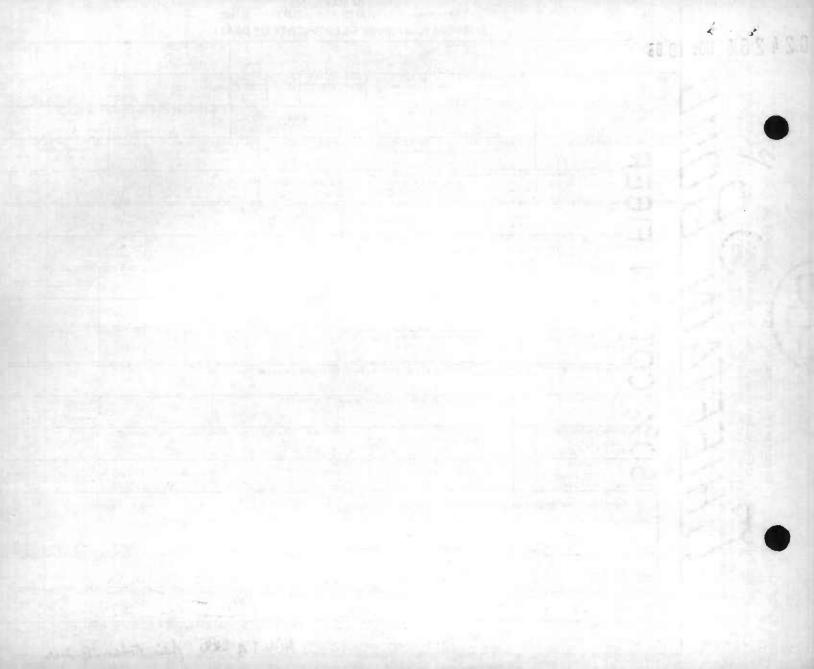
			STATE OF MARYLAND	monal office	7 . 3
4.18	1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 6	304	1 64
R O NOV 10	00	REGISTRAR	REG. N		
T ROT TO		CEASED NAME HARRI	4 Elmore Webster 20. DATE OF DEATH		6151
after of	1.5E)		RACE White S. DATE OF BIRTH BAY YEAR 6. AGE (IN YEARS LAST BI	MONTHS DAYS HO	UNDER 24 HR
10 44	7n BII	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WILLY COUNTRY?	OR COUNTY OF DEATH	
11//	12	ashington D4	MARRIED NEVER MARRIED WIDOWED DIVORCED D	Arundel	٨
1	10 CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPAT (I'VPE) WORK FOR MOST.	TON 126. KIND OF BU	
5.5 4	USU A 130. S	L RESIDENCE (IF NURSING HOME OR OT TATE 13b. COUNT	HER INSTITUTION, ONE RESIDENCE BEFORE ADMISSION) 1136. [117 OR TOWN)   113d INSIDE CITY LIMITS?   13e. STREET ADDRESS	2103	ber
100	1	no las	- Edgewater YES NOX 1634 BO	Ly Ridge Ra	1
1000	14. F.A	THER'S NAME	DDLE LAST ST. MOTHER'S MAIDEN NAME MIDDLE	Keus	
0 m		AS DECEASED EVER IN U.S. ARMI			2
Pogs	0	ES WES CHES	578-03-2937 Raby R. Webster-	#13	
- Die		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line far (a), (b), and (c).)	APPROXIMAT BETWEEN ONSE	E INTERVAL ET AND DEAT
ALA \		IMMEDIATE	1 1	5m.	ntes
<b>看影曲</b> 1			DUE TO, OR AS A CONSEQUENCE OF		
The same	7	Canditions, if any, which	( 16) Cor planale	Zye	250
2101		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	20	
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o boo	z	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CON	IDITION GIVEN IN PART Ita	
100	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS	LISED
5000	FIC	THE DATE OF OTERATION		IN CERTIFYING CAUSES OF	DEATH?
1104	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY)		40 🗆
12 1 0 E	C. ATH	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	IN IN III III TO PART ! OR PART 2)	
9992/	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d, INJURY OCCURRED	P.M. 19 21e PLACE OF INJURY 211 LOCATION		
7.52	- H		[AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]  711 EOC. ATHOM  STREET  CITY OR TO	OWN COUNTY	STATE
tood Med or	ME	AT WORK NOT WHILE AT WORK			
or commission that are on the burners of the burner	ME	220. I certify the this haspital		6 . 19 86 , that	(II)(we)
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A DIRECTOR After this selected for one as the box selected for one as the box selected for the property of them 21 is marked or the box selected for the property of the prope	ME	22a. I certify the LD this haspital saw the deceased alive on above (1) (we) (did to id not	view the body after death.  19 86 , and that in (my ) our) apinian death accurred an the aview the body after death.  DEGREE	late and haur and fram the cause	ses stated
48AL DIRECTOR. After this is a definite of our out the box Store Dept, of Health and Mr AMT, if them 21 is marked or i	ME	22a. I certify the LD this haspital saw the deceased alive on above (1) (we) (did to id not	DEGREE  ATTENDING MEDICAL STA PHYSICIAN DIRECTOR PHYSIC	late and haur and fram the cause	ses stated
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0213/		220. I certify tho Dathis haspital saw the deceased alive on above (Diwe) (did Rond nat) 226 SIGNATURE 276 PHYSICIAN'S NAME (TYPE ORP	DEGREE ATTENDING MEDICAL STA PHYSICIAN DIRECTOR PHYSIC  134 Over 16 A Over 1	late and haur and fram the cause	ses stated
54134	23a. B	27d. PHYSICIAN'S NAME (TYPE ORP  URIAL, CREMATION, REMOVAL  AT WORK  AT WOR	DEGREE ATTENDING MEDICAL STA PHYSICIAN DIRECTOR PHYSI RINI) 236 DATE 236, NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN	Jest Rues MO	ses stated
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				STATE OF MARYLAND		
8 NOV 19	06	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 4 / 9
m.e		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DA	20. 1100K
offer death		FRANCI	SX	WELCH		6-86 1210 M
fter	3. SE.	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR		FUNDER LYEAR IF UNDER 24 HRS
0 22 0		MALE	WHITE	10-24-04	82 YRS	
2 42 W		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY C	OF DEATH
1 BX		shington DC	USA	WIDOWED DIVORCED	HANNEH RUNDE.	
く事力	1	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST OF WORKING LIFE)	
8		NAPOLIS	ANNE ARUNDEL		ATTORNEY	PublicRěpoř
まる			OTHER INSTITUTION, GIVE RESIDENCE BEFORE		136.STREET ADDRESS / 71P CODE	re.
	-	MD H	A. CHURCH	7010 YES NO NO NA	1235 Gladstone	20733
3	14. 17		Melth	Maryest	Agnes	Owens
COL		VAS DECEASED EVER IN U.S. AR		IRITY NO. 17 INFORMANT	ADDRESS	
1	(	YES, NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES) 577033	3606 Audrey M.	Welch Same as	#13
1			ily one cause per line far (a), (b), an			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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roum roum		Conditions, if any, which	( (b) Me tas	tate Carcenoc	ei synelouno	
ther tr		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU			
y, or o			(c)CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVE	N IN PART 1 a
2 2 2	N N					
1110	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
$\propto$	E	ATTENDED TO			YES NO X YES	□ NO □
1		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	LIGUE A MA MONITH D	AY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT 1 OR PART 2)
117	8 0	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19		
₹ 5/ P P	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	ARM, ETC.)  21f LOCATION  STREET	CITY OR TOWN	COUNTY STATE
orko	1	MHILE NOT WHILE AT WORK		4-4-61-61		
9 4			tal) attended the deceased from_	. 19	, to, 10	
2 2			19		death occurred an the date and haur	and fram the causes stated
le pr		77% SKONATURE	0 1	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
15_		X 91/01	elk	PHYSICIAN [	DIRECTOR PHYSICIAN	
ORTAN J		THE PHYSICAL THE AME (MICC	PATRINT	22e. ADDRESS		
£ 8 /						
	23a l	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTYA CO A STATE
	-	Burial	11-18-86 0	ur Lady of Sorro		
DM 7/84	24 FI	UNERAL DIRECTOR	ADDRESS.		E REC'D. BY REGISTRAR 25b. REGISTR	
. 4)		Hardesty Fun	eral Home Ann	apolls Md.	V 1 8 1986 1 /L.C.	N

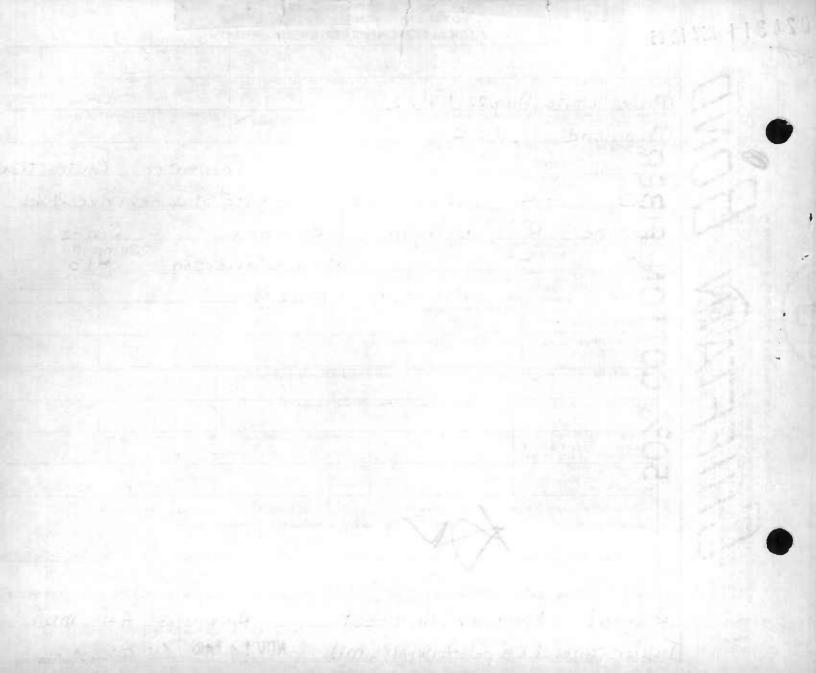
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			EASED NAME	FIRST		MIDDLE		LA	ST		20. DATE OF DEATH	MONTH	DAY YEA	AR 2b. F	HOUR
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moy pag		3. SEX			4 RACE			5. DATE O			& AGE (IN YEARS LAST E	IRTHDAY)	IF UNDER 1 Y		NDER 24 HRS
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This ship		14. FA	THER'S NAME					4	15 MOTHER'S MA						
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ALT HE PERSON			18. CAUSE OF DEAT	H (Enter on	ly ane cause p	per line for (a),	(b), and	(c).)					BETW	PROXIMATE I	INTERVAL AND DEATH
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× 5 555			underlying cause		DUE TO,	OR AS A CON	12ECIUEN	ICE OF			2%		13 July 1		
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L RE	7	CERTIFICATION									YES NOT		TIFYING CAU		EATH?
ATIA track and track	to	ER	210. ACCIDENT WAS UNE	ERLYING [	216. TIME	E OF INJURY			21c. HOW INJUR	Y OCCURR	ED (ENTER NATURE OF IN.				
NA SERVICE	4		OR CONTRIBUTING		1111	A.M. MONT	H DAY								
No sping and a	/	MEDICAL	214. INJURY OCCUR			P.M. CE OF INJURY		19	211 LOCATION						-
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN. The law requires that the death cert can the build-trainit permit of the please rection carbon at the build-trainit permit. Then please rection carbon the and America Hygiene prior to burnit, ore action.	/	MEC	WHILE NOT WH	IILE 🗆		STREET FACTORY.	OFFICE FAR	M ETC )	STREET		CITY OR T	OWN	COUNTY	٧	STATE
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ADIA SOLUTION			saw the decease abave, (I) (we) (c	ed alive on	nen	31	19			r) apinian a	leath accurred on the	date and ho	our and fram	the couse	s stated
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DHMH - 16 60M 7	/84		NERAL DIRECTOR		40	95 Rita	hie l	Hwv.	21146	250 DATE	REC'D. BY REGISTRA	R 25b. REGIS	STRAR'S SIGI	NATURE	
(VRA 15. 4)		Ва	rranco Fur	neral	Home 1	Severn	a Pa	rk. M	D	NOV 2	8 1986	Mis Di	cordion .	andal	de la

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DESCASED NAME 20. DATE KNOWN A MONTH 2b. HOU OF ESTI-HOURS STREET, S. DEATH MATED Michael FUNERAL DIRECTOR 5 FOR YOUR FILES. Westberg 1119 86 3-SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE VEAD LAST BIRTHDAY) PRONOUNCED WITHIN 72 H 6:30P 5-25-1948 38 DEAD male white 11 19 86 70. BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRYS MARRIED & NEVER MARRIED U.S.A. WIDOWED [ DIVORCED Georgia
10. CITY OR TOWN OF DEATH Anne Arunde County, A 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY 1aw Davidsonville (street) Lawver #69 Brick Church Rd. 30. STATE 1136 COUNTY 714 Intrepid Way 13d. INSIDE CITY LIMITS? Davidsonvilles Co. NOX A.A. Md 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME John MIDDLE Sybi1 Westberg Harris 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. IZ. INFORMANT **ADDRESS** (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES Barbara Westberg same as 13 217-48-6816 1967-1968 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION E 3 SHOULD BE USED A DEPARTMENT OF HEA 31 PRIGR TO BURIAL, C 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? HEAD-ONLY 216. TIME OF INJURY HOUR AM. MONTH DAY YEAR 21g. EXTERNAL CAUSE WAS 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) UNDERLYING & OR CONTRIBUTING CAUSE OF DEATH 6 P.M. 11 11 19 86 self inflicted 218 PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK AT WORK #69 Brick Church Rd, Davidsonville, A.A., MD street Autapsy X 220. I certify that I taak charge of the remains described above, held an Inspection Inquiry death resulted from: Natural causes Hamicide Undetermined monner A SHOULD E JNERAL DIRE S DEATH, WITI MORE, MARY TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 11/12/86 SIGNATURE EXAMINER'S NAME A 5 3 5 William M. Zane, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION MD. 11/15/86 All Hallows Cem Birdsvil<sub>1</sub> Burial A.A. 07/84 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE 12 RIDGELY AVE. **DHMH - 17** HARDESTY FUNERAL HOME (VR A15 ME (5)) ANN. MD, 21401



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE J. UDISTRAN REG. NO DECEASED NAME 20. DATE KNOWN TO MONTH 26 HOUR (TYPE OR PRINT) ESTI-1986 DEATH MATED 2d HOUR 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOUNCED 0218 2 4 YRS DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. WIDOWED \_ DIVORCED IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Ja STATE 13c. CILY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MARGARET WAGNER ROBERT DAVIS 993 ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ROBERT DAVIS ANNAPOLIS, Md.21401 218-82-1256 APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DE ATH PARTIDEATH WAS CAUSED BY JAMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, it ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 211 LOCATION COUNTY NOT WHILE AT WORK AT WORK Inspection L 22a I certify that I took charge of the remains described above, held on Autopsy ond in my opinion Accident . death resulted from: Notural couses Suicide Homicide \_\_ Undetermined monner TILLE (SPECIFY) TO FUNERAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME AD695 America Crt. Davidsonvile. Md 21035 William P. Jones, M.D. TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY BURIAL THE MILLERSVILLE 11-5-86 OUR LADY OF FIELDS 07/84 25M 24 FUNERAL DIRECTOR BY REGISTRAR 1256 REGISTRAR'S SIGNATURE & **DHMH - 17** EVANS 1212 WEST (VR A15 ME (5))

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O 2 4 5 1 NOV PORT OF THE PRINT PRIN	DAY YEAR 25 HOUR 0-869 M
1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH	.0-86,
(TYPE OR PRINT)	14
RICHARD ALLEN WILLIAMS, JR. DEATH MATED 11-1	DIN MEAN THE PARTY OF THE PARTY
3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH  AGONTH DAY YEAR  LAST BRITTANIA DAYS FOURS 1 AND 1 PRONOUNCED	DAY YEAR 2d. HOUR
Male White Aug. 22, 1964 22 yrs. Months Day's Hours MIN PRONOUNCED DEAD 11-1	0-86, 11:20
76. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY)	Y OF DEATH
WIDOWED   DIVORCED   Anne Arrindo I Co	untv MD
10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING, LIFE)  CAT PENT EY  (IS IN A DESIDENCE OF IN MURESING WORK OF OTHER INSTITUTION)  (IS IN A DESIDENCE OF IN MURESING WORK	OR INDUSTRY
Glen Burnie North Arundel Hospital Carpenter	Construction
136 COUNTY 136 COUNTY 136 COUNTY 136 CITY OR TOWN 136 HIS GITY CHIMITS? 138 STREET ADDRESS	
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M. FATHER'S NAME FIRST  MIDDLE  LAST  LAST  LAST  MIDDLE  MIDLE  MIDDLE  MIDDLE  MIDDLE  MIDDLE  MIDDLE  MIDDLE  MIDDLE  MIDDL	LAST
Richard P. Williams Barbara S. 166, WAS DECEASED EVER IN U. S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17, INFORMANT ADDRESS SOCIAL SECURITY NO.	ears
YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
18 CAUSE OF DEATH (Enter anly ane couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
PARTI DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Multiple Drug Intoxication	BETWEEN ONSET AND DEATH
PARTIDEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Multiple Drug Intoxication  (Due TO, OR AS A CONSEQUENCE OF  Conditions, if any, which  are rise to immediate  (b)	
Canditians, if any, which gave rise to immediate (b)	
Couse (a) stating the <u>under-lying couse last.</u> DUE TO, OR AS A CONSEQUENCE OF  (c)	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 10 THAT DAY YEAR 100 IN JURY OCCURRED LENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART	
THE STATE OF CHARLES O	20 AUTOPSY?
216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PAR	YES X NO .
The internal cause was properly in the of injury in the higher to a part to	
UNDERLYING BORI I MAY CONTRIBUTING CAUSE OF DEATH ? P.M. 11 9 1986 Subject injected drugs  21d Injury Occurred 21d Injury Occurred 31d Injury Occu	
STREET, FACTORY, FARM, ETC.)  STREET  CITY OR TOWN  COL  AT WORK  AT WORK  UNKNOWN  UNKNOWN  AT WORK	
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a EXTERNAL CAUSE WAS UNDERLYING OF I MAY YEAR OF INJURY HOUR A.M. MONTH DAY YEAR SUBject injected drugs  21d INJURY OCCURRED CONTRIBUTING CAUSE OF DEATH  21d INJURY OCCURRED  21d INJURY O	inion
death resulted from: Notural couses Suicide . Homicide . Undetermined monner .	
TITLE (SPECIFY)	
ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGNE	11-11-86
EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn Street	
EXAMINER'S NAME (TYPE OF PRINT)  Gregory R. Kauffman, M.D. ADDRESS 111 Penn Street  236 BURIAL, CREMATION, REMOVAL 23b DATE  236 BURIAL, CREMATION, REMOVAL 23b DATE  236 COUNTY OF TOWN  COUN	
07/84 BP3/3 Bunin Nov. 14 1686 Hillcrest Annancies Ar	arate Am
DHMH - 17 PUNERAL DIRECTOR  ADDRESS  AD	
(VRAISME (5)) Taylor Funeral Chapel-Annapolis mo NOV 1 4 1986 1.1: Time	-01



2 L C L O NOV	1	e FOR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL	HYGIENE (1) 45	20 4 7 8
24649 NOV 2	10	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	EST
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONT	H DAY YEAR 25 HOUR
may be poge 3	,	THELMA	L	WILSON	NOVEMBER	12. 1986 1.34 AM
Ter o	3. SE		4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
recto		FERMILE	WHITE	DEC. 2, 1911		YRS.
2 2 P. J.	a	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	TRY? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH
10 to		MARYLAND		ES WIDOWED DIVORCED		
事業人が人	10.0	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE S		(TYPE OF WORK FOR MOST OF WOR	
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MARYLAND 2120 magnetic filled in by magnetic filled in by magnetic filled in by	13a.	STATE 13b COUL	NTY 13c CITY OR	TOWN 13d. INSIDE CITY LIMIT		
IAN 2 4 5	1/V.	ARYLAND ANNE	ARUNDER PASAT	YES NO X		SINT RD. 21122
AR I WAL	)	FIRST	MIDDLE LAST	FIRST	WIDDLE	MILAST
	16a.	HOWARD WAS DECEASED EVER IN U.S. AF		GLER CORP SECURITY NO. 17. INFORMANT	**************************************	NILLER ex 571
BALTIMORE, Open Profile open Pr		(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 215 6	5 8260 JAMES E.	1 /	DENA, MD 21122
					/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4 6 6 6			nly ane cause per line for (o), (b ED BY: TE CAUSE (a)	Till- Myst	lama as	a '
or the		MINIEDIA	DUE TO, OR AS A CONSI	FOLIENCE OF		
esto death		Canditians, if any, which	( 1b) In	melvin		
the remover to		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSI	EQUENCE OF		
thot d by ease al, cr		underlying cause last	(c)			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., OR PHYSICIAN. The low requires that the death certificate his certificate has been signed by the attending pass the burial transit permit. Then please remaye cactering as the burial transit permit. Then please remaye cactering to an Membel Hygiene prior to burial, cremotion, or remained or them. Since any injury, or other traumatic there	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1(a)
ORD requ	CERTIFICATION	190 DATE OF OPERATION	Lat CONDITION FOR WA	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b	IF YES, WERE FINDINGS USED
REC	F.	THE OF OPERATION	146. CONDITION FOR WI	HICH OPERATION WAS PERFORMED	IN	CERTIFYING CAUSES OF DEATH?
TAI	- 5	210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	21c HOW INJURY OC	YES NO CURRED (ENTER NATURE OF INJURY IN IT	YES NO
DF VIII		OR CONTRIBUTING CAUSE OF DE	AIO .	DAY YEAR		
SION OF V PHYSICIAN this certificate buriol-tro d Aentol H d or herit	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	211 LOCATION		
VISP G Pt ont ond ked d	N N	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE
DIN or se os		22a.1 certify that (1) (this hosp	ital) attended the deceased fr	om, 19	, ta	, 19, that (I) (we) last
TITEN pitol TOR for u		saw the deceased alive ar	n	19, and that in (my) (aur) opi	inian death accurred an the date a	nd haur and fram the causes stated
OR A DIRECTOR A DIRECTOR OF THE DEPT.		226. SIGNATURE	of view me body offer death.	DEGREE		22c. DATE SIGNED
At AL AL deto		H2/000	1000		OF MEDICAL STAFF	
HOSPITAL ned by it FUNERAL Jid be det or the State		228 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	3236 MOUNTAIN R	OAD
TO HOSPITAL etained by 1 TO FUNERAL should be de with the Stati		HAVED TOWN	DIAN M.D	PASADI		1122
5 F ≥ × ₹	23a.	BURIAL, CREMATION, REMOVAL		23c NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY STATE
BP		BURIAL	Nev. 15, 1986	LOUDON HARK CEMET		BALTIMERE MD
DHMH - 16 60M 7/84	24. F	UNERAL DIRECTOR	2 32	ESS.	DATE REC'D. BY REGISTRAR 256, F	lea distribution
(VRA 15, 4)	IV	Le CULLY F.H. OF I	ASADENA PAS	SADEND MID 21122	MOA TO 1500 1	Charles & Charles and Manual Control

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